

THE OHIO STATE UNIVERSITY
OFFICIAL PROCEEDINGS OF THE
ONE THOUSAND THREE HUNDRED AND SEVENTY-SIXTH MEETING
OF THE BOARD OF TRUSTEES

Columbus, Ohio, October 5, 2001

The Board of Trustees met at its regular monthly meeting on Friday, October 5, 2001, at The Ohio State University Prior Health Sciences Library, Columbus, Ohio, pursuant to adjournment.

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Minutes of the last meeting were approved.

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October 5, 2001 meeting, Board of Trustees

The Chairman, Mr. Brennan, called the meeting of the Board of Trustees to order on October 5, 2001, at 11:00 a.m. He requested the Secretary to call the roll.

Present: David L. Brennan, Chairman, James F. Patterson, Zuheir Sofia, Tami Longaberger, Daniel M. Slane, Robert M. Duncan, Karen L. Hendricks, Dimon R. McFerson, Jo Ann Davidson, Kevin R. Filiatraut, and Joseph A. Shultz.

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PRESIDENT'S REPORT

President William E. Kirwan:

Before I give my report, I would like to recognize two very important faculty leaders who have assumed new positions and are with us this morning: 1) Professor Marilyn Blackwell, from the Department of Germanic Languages and Literatures, who is the new chair of the Faculty Council; and 2) Professor Jane Case-Smith, from the School of Allied Medicine, who is the new chair of the Senate Steering Committee. Thank you both very much for your leadership in these capacities. They will be with us throughout this year at the Board meetings.

Let me now turn to my report, Mr. Chairman. Thirteen days after we last met, our nation suffered one of the most tragic days in its history. As we would expect, the members of our University community responded to this tragedy in an exemplary fashion. The football game scheduled for September 15 was immediately postponed in a move later adopted by most other intercollegiate and professional teams. In its place, we joined with the *Dispatch* companies and the American Red Cross to sponsor a "Show You Care" telethon at Ohio Stadium that has raised well over \$800,000 for the Red Cross Disaster Relief Fund. The atmosphere at that event, with over 10,000 people present and waving a sea of American flags, is hard to describe. It was among the most inspiring experiences of my life.

Also inspiring was the very moving candlelight vigil at which thousands of students, staff, and faculty gathered on the Oval on September 19 to commemorate the tragedies. Through teach-ins and other programs, faculty and staff engaged our students in discussions about the tragic events and their implications. Expanding counseling services were quickly made available to students and others.

I should add that we have also taken steps to assure that our many international students continue to feel safe, comfortable, and welcome here. I'm pleased to report that at this point just 23 out of 4,000 international students elected to return home. There have been very few reports of verbal harassment or threats, and no reported physical harm. In addition, we have communicated with the 218 U.S. students who are studying in 25 countries around the globe, passing along safety precautions, and have notified embassies in the affected nations.

Finally, we continue to facilitate opportunities for all students to learn more about other cultures and to be tolerant of and respectful toward people who are different from themselves. Throughout this period, the show of unity, respect, community spirit, and feelings of mutual appreciation have been extraordinary. I am proud of how our community has reacted.

The events of September 11 will affect our nation and state in many ways, including our economies. This will in turn have a significant impact on the University and our progress with the Academic Plan. You will recall that last spring, because of fiscal restraints at that time, we identified four primary initiatives on which to focus in implementing the Academic Plan. Given the importance of rewarding and supporting our outstanding faculty and staff, and

PRESIDENT'S REPORT (contd)

President Kirwan: (contd)

given our current position relative to our aspirational peers, we identified compensation as Job One for the next several years. Recognizing that state funds will be scarce, at least in the short term, we said that if necessary we were prepared to generate compensation funds internally. We still are.

We also identified three initiatives vital to the goals of the Academic Plan with established sources of funding. These are a series of enhancements to our undergraduate program through use of the over-the-cap tuition funds, a major biomedical research initiative drawing in part upon the tobacco settlement funds, and creation of an Institute for the Study of Race and Ethnicity in the Americas, using funds earmarked last year. While these plans remain intact and will move forward, events of recent months have made our task much more difficult and our future much less certain.

As we know, the economy was weakening even before September 11. State receipts in Ohio were below estimates by over \$250 million in the first three months of this fiscal year. The most recent Supreme Court decision requires additional state spending on K-12 education of as much as \$1.24 billion per year retroactive to July 1, 2001. This morning's *Dispatch* reports that the governor will enact a six percent rescission on all state agencies for the current fiscal year. For us, that would amount to approximately \$18 million.

Despite these discouraging economic developments, we believe it is essential that we both address the anticipated budget rescission and forge ahead with the implementation of the Academic Plan. I say this not only for the University's sake, but for our state as well.

As you know, our pursuit of academic excellence was designed in part because the state must have a distinguished flagship university if Ohio is to prosper in a knowledge economy. To respond to the anticipated rescission, and to move forward with the Academic Plan, and most especially to reward and support our talented faculty and staff, we must undergo a major redirection of existing resources. This is a daunting task and will require every unit at the University, starting with the President's Office, to prepare plans for a significant reprogramming of its budget.

One major priority in the Academic Plan, but not the only one to be addressed through this reprogramming effort, will be a multi-year competitive compensation plan for faculty and staff. As you know, our faculty salaries have fallen to near the bottom in comparison to our benchmark peers. Similarly the average salaries for many categories of staff have fallen below the median of their benchmark comparison groups. I know the Board shares our view that we must address our compensation issues and address them in a timely manner.

Our goal is to achieve, within the next three or four years, the medium level in faculty compensation among our benchmark institutions and the median level in compensation by job category among the designated staff comparison groups. We estimate that at present our salaries are on the average three to four percent below that goal. Thus, over the next several years, we must not only increase salaries at a rate that keeps pace with our benchmarks, but also add each year roughly an additional one percent.

In carrying out this plan, we will be guided by the following six principles: 1) the Academic Plan will be the driving force behind everything we do; 2) individual compensation will be based on merit; 3) compensation markets are differential -- therefore, compensation targets may vary among the colleges and units; 4) the

PRESIDENT'S REPORT (contd)

President Kirwan: (contd)

responsibility for generating resources must be shared between the central administration and the colleges and support units; 5) compensation decisions must be carefully coordinated with the budget restructuring initiative already underway; and 6) we must give priority to protecting the academic core and academic excellence in these uncertain and volatile financial times.

I will have more to say about the details of this redirection of funds strategy in my "State of the University Address" to the Senate next Thursday. However, I do want to make two points very clear today. First, our compensation strategy will be more than just the development of a competitive structure in a statistical sense. We have a large body of people ranging across all disciplines and support units who make important contributions to the University. We must recognize their good work in our compensation plan. In short, all faculty and staff making contributions to the advancement of the University's goals will receive compensation increases that move them to more competitive levels.

Second, we will pursue this strategy in an open and consultative fashion. We will ensure that funds are redirected within each college and support unit in a way that most effectively meets that unit's compensation and other needs as it advances the Academic Plan.

As far as the timing of this redirection is concerned, the colleges and academic support units will provide us with detailed information and specific plans in January. Between now and then, we will extensively discuss and consult on such topics as compensation targets, and the consultation will be with faculty, department chairs, deans, senate leaders, and vice presidents. Colleges and support unit plans will be discussed thoroughly and in detail throughout Winter Quarter. As usual, we will ask this Board to adopt salary levels in May for Fiscal Year 2003.

We will also continue our drive for increased external funding. Support for higher education continues to build across the state and one day our efforts will pay off. We intend to do all we can within our power to see this day come sooner rather than later.

The coming year will test us. We must do the very best we can with what we have in order to give our faculty and staff the support they deserve and to move the University towards its ambitious goals. We must demonstrate leadership and be willing to make tough choices. I want to assure the Board and this community we will do precisely that.

Our resolve in these difficult times is inspired by our progress to date. In recent years, this University community has demonstrated the capacity to make hard choices that promote excellence in a focused and collaborative way. We will not be deterred by the difficult times that surely lie ahead. Recently, we pulled together information on our Academic Plan accomplishments over the past year. I think you will find this list impressive. It will be part of an updated plan to be issued later this fall.

This new academic year is also starting off well. We once again welcomed the best-prepared freshman class in the history of the University. Average ACT scores reached an all time high of 25.2, compared with 22.8 in 1995, and a national average today of 21. A third of this class was in the top 10 percent of its high school class and 250 were valedictorians.

PRESIDENT'S REPORT (contd)

President Kirwan: (contd)

We are also making progress in diversity. Our new freshman class is the most diverse class in our history with about one in five being a member of a minority group.

On Wednesday, Ed Ray and Bill Hall joined me as we dedicated a Multicultural Center that will spur dialogue and learning about the myriad cultures that make up this campus. And during halftime tomorrow night, we will celebrate in a very special program our fantastic Ohio State faculty -- recognizing 26 faculty members who received our most prestigious awards last year.

Past progress aside, the environment going forward will be challenging. But our vision and priorities are the right ones and we will prevail. Mr. Chairman and members of the Board, this completes my report.

Before yielding the floor however, I would like to make a brief presentation. We are honored to have with us this morning, two of Ohio State's strongest supporters, Richard and Martha Denman.

As many of you know, Rick and Marte have contributed to our University in many ways. Rick serves on the Foundation Board of Directors, and five years ago received The Ohio State University Distinguished Service Award. Rick and Marte continue to be generous supporters of the College of Medicine and Public Health, and the Fisher College of Business.

But today we recognize them for their support of undergraduate research. Through their generosity we have created the Denman Research Forum, which has created the opportunity for thousands of bright undergraduates to work with some of our best faculty to advance knowledge. I urge all who haven't yet attended a Denman Forum to do so. It's one of the most inspirational and existing things we do at our University.

Mr. Chairman, we have a citation to present to the Denmans. I'd like to read it and then ask you to join me for a photograph with them. It is an expression of appreciation by the University and it reads:

EXPRESSION OF APPRECIATION

WHEREAS Richard and Martha Denman have diligently served The Ohio State University with passion and enthusiasm for over four decades; and

WHEREAS they have been outstanding ambassadors of the University, representing it with great distinction and bringing it great honor; and

WHEREAS Rick and Marte Denman have brought into high relief the value of research experiences for undergraduate students and have institutionalized the highly-acclaimed Undergraduate Research Forum, now named in tribute to their vision and investment; and

WHEREAS the Denmans have demonstrated that students from the freshman through the senior level can conduct independent scholarly inquiry of the highest levels, making them both an inspiration to the hundreds of students and faculty mentors who have participated in the Forum; and

WHEREAS they have offered students an opportunity to develop critical thinking skills that have proven beneficial in graduate school applications and success in the work place, and their leadership has encouraged increasing faculty support of undergraduate students in research:

EXPRESSION OF APPRECIATION (contd)

NOW THEREFORE

BE IT RESOLVED, That The Ohio State University Board of Trustees accords its highest praise and deepest appreciation to Richard J. and Martha D. Denman for their unending support, friendship, and dedication to this University.

President Kirwan:

Congratulations.

Mr. Richard J. Denman:

Thank you. We had an opportunity to talk a little bit about the program this morning in the Student and Educational Affairs Committee meeting.

It's been a great pleasure and, actually, we're just along for the ride. Quite frankly, the work and creativity has been done by the Scholars Center, most recently headed up by Dan Farrell, and Brad Moore and Keith Alley, in the Office of Research, have been the driving force behind this. So we'll help out any way we can and whatever contribution we can make, we'll certainly do. We're committed to the program and its success.

Mr. Brennan:

I'd like to add my thanks for what you do. You represent the real lifeblood of this University – the hundreds of thousands of people out there who love us, who support us, and make the experience of these youngsters here worthwhile for them and our nation. I add my personal thanks to you as well.

Before going on with the agenda, I would like to mention something. It is such a momentous thing that President Kirwan has shared with you this morning. I'm talking about the commitment this University has to make so that we can take care of our responsibilities to our faculty and staff, and maintain the high dedication to the excellence we're seeking for this University.

Every one of us on this Board fully and wholeheartedly supports the actions that have to be taken, along with doing everything we can to provide whatever strength we can for the resolve it's going to take to accomplish this. These are very trying times. All of you appreciate that, but please know that the Board is unanimous in its support of the steps that have to be taken. I just think you should all know that.

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CONSENT AGENDA

President William E. Kirwan

We have nine resolutions on the Consent Agenda today and unless there are any objections, I would like to recommend the following resolutions to the Board:

**AMENDMENTS TO THE MEDICAL STAFF BYLAWS OF THE OHIO STATE
UNIVERSITY HOSPITALS AND THE MEDICAL STAFF BYLAWS AND RULES
AND REGULATIONS OF THE OHIO STATE UNIVERSITY HOSPITALS EAST**

Resolution No. 2002-33

Synopsis: The amendments to the Bylaws of the Medical Staff of The Ohio State University Hospitals and the Bylaws of the Medical Staff and Rules and Regulations of The Ohio State University Hospitals East are recommended for approval.

WHEREAS The Ohio State University Hospitals Board pursuant to bylaw 3335-101-04 of the Hospitals Board Bylaws is authorized to recommend to the Board of Trustees the adoption of amendments to the Medical Staff Bylaws of The Ohio State University Hospitals and the Medical Staff Bylaws and Rules and Regulations of The Ohio State University Hospitals East; and

WHEREAS the proposed amendments to the Medical Staff Bylaws of The Ohio State University Hospitals were approved by the University Hospitals Board on August 23, 2001, and the Medical Staff Bylaws and Rules and Regulations of The Ohio State University Hospitals East were approved by the University Hospitals Board on August 23, 2001, as attached:

NOW THEREFORE

BE IT RESOLVED, That the foregoing amendments to the Bylaws of the Medical Staff of The Ohio State University Hospitals, and the Bylaws of the Medical Staff and Rules and Regulations of The Ohio State University Hospitals East be adopted as recommended and approved August 23, 2001, by the University Hospitals Board.

(See Appendix XII for amendments to the *Bylaws of the Medical Staff of The Ohio State University Hospitals*, and the *Bylaws of the Medical Staff and Rules and Regulations of The Ohio State University Hospitals East*, page 375.)

NAMING OF BUILDING

Resolution No. 2002-34

Synopsis: Naming of the Life Sciences Research Building, which will be located at 318 West 12th Avenue, "The Stanley J. Aronoff Laboratory," is proposed.

WHEREAS Stanley J. Aronoff has had a distinguished career in Ohio politics, having served in the Ohio General Assembly for thirty-six years, including three terms in the House of Representatives and eight terms in the Ohio Senate; and

WHEREAS Senator Stanley J. Aronoff rose progressively through the leadership ranks in the Ohio Senate, serving as chairman of the Senate Finance Committee, Assistant President Pro Tem, President Pro Tem and, from 1989-1996, as President of the Ohio Senate; and

WHEREAS throughout his career in the General Assembly, Senator Aronoff earned a reputation as a tireless and committed champion of higher education and the arts; and

WHEREAS Senator Aronoff was throughout his career a special advocate for the programs of The Ohio State University and had a direct hand in securing appropriations for many of the facilities on the campus today, including, but not limited to, the Heart and Lung Institute, the James Cancer Hospital and Solove Research Institute, Rhodes Hall, the Schottenstein Center, and the Fisher College of Business complex; and

WHEREAS one of the capital appropriations secured during Senator Aronoff's tenure as President of the Senate was both planning and construction funding for a new life sciences research building; and

NAMING OF BUILDING (contd)

WHEREAS a grateful University, its Board of Trustees, administration, faculty, staff, and students wish to convey to Senator Aronoff its appreciation for a career in public service that focused on meeting the needs of Ohio higher education, including The Ohio State University:

NOW THEREFORE

BE IT RESOLVED, That in accordance with paragraph (F) of rule 3335-1-08 of the Administrative Code, the Board of Trustees hereby approves the naming of the College of Biological Sciences' Life Sciences Research Building, which will be located at 318 West 12th Avenue, "The Stanley J. Aronoff Laboratory" and congratulates Senator Aronoff for his many accomplishments during a distinguished career in service to the citizens of Ohio.

HONORARY DEGREES

Resolution No. 2002-35

Synopsis: The awarding of honorary degrees to Andre Wambersie and Wilford R. Gardner is recommended for approval.

WHEREAS the Committee on Honorary Degrees and the University Senate, pursuant to rule 3335-5-488 of the Administrative Code, have approved for recommendation to the Board of Trustees awarding of an honorary degree as listed below:

Wilford R. Gardner	Doctor of Science
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Andre Wambersie	Doctor of Science
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NOW THEREFORE

BE IT RESOLVED, That the above honorary degrees be awarded in accordance with the recommendation at a time convenient to the University and the recipients.

PERSONNEL ACTIONS

Resolution No. 2002-36

BE IT RESOLVED, That the personnel actions as recorded in the Personnel Budget Records of the University since the August 29, 2001 meeting of the Board, including the following Appointments, Concurrent Appointment, Leaves of Absence Without Salary, Professional Improvement Leave--Cancellation, and Emeritus Title, as detailed in the University Budget be approved; and

BE IT FURTHER RESOLVED, That the Medical Staff Appointments/Reappointments approved August 23, 2001, by The Ohio State University Hospitals Board, and the Medical Staff Appointments approved September 5, 2001, by The James Cancer Hospital Board, be ratified.

Appointments

Name:	CHARIS ENG
Title:	Associate Professor (The William C. and Joan E. Davis Cancer Research Professorship)
Department:	Internal Medicine
Term:	October 1, 2001 through June 30, 2005

PERSONNEL ACTIONS (contd)

Appointments (contd)

Name: CHRISTINE B. MORRIS
Title: Interim Director
Center: Multicultural Center
Term: September 15, 2001 through June 30, 2003
Present Position: Associate Professor, Department of Art Education – Newark,
Chair of the Newark Campus Cultural Diversity Committee, and
Director of the Newark Campus Gallery

Name: SUSAN METROS
Titles: Deputy Chief Information Officer (CIO) and Executive Director for
Educational Technology and Distributed Education, and Professor
Office/Department: Information Technology/Industrial, Interior, and
Visual Communication Design
Effective: November 1, 2001
Present Position: Professor and Assistant Vice President for Educational Technology,
The University of Tennessee System, Knoxville, TN

Concurrent Appointment:

Name: GLEN F. HOFFSIS
Title: Executive Dean of Health Sciences
Term: September 1, 2001 through June 30, 2004
Present Position: Dean, College of Veterinary Medicine

Leaves of Absence Without Salary

BERYL A. MILLER, Professor, Department of Dance, effective Autumn Quarter 2001, to tour with the Bebe Miller Company at Cuyahoga Community College, Cleveland, Ohio, Wesleyan University, Middletown, Connecticut, and the Doris Duke Theater, New York City, New York.

TODD J. DEVRIESE, Assistant Professor, Department of Art (Marion Campus), effective Autumn Quarter 2001, Winter Quarter and Spring Quarter 2002, to accept a visiting position at the Zayed University, Dubai, in the United Arab Emirates.

WENDY SHAW, Assistant Professor, Department of Near Eastern Languages and Cultures, effective Autumn Quarter 2001, Winter Quarter and Spring Quarter 2002, for personal reasons.

Professional Improvement Leave--Cancellation

HOJJAT ADELI, Professor, Department of Civil and Environmental Engineering and Geodetic Science, effective Autumn Quarter 2001, Winter Quarter and Spring Quarter 2002.

Emeritus Title

LAWRENCE E. EUBANKS, Ohio State University Extension, with the title Assistant Professor Emeritus, effective October 1, 2001.

Medical Staff Appointments (The Ohio State University Medical Center)

July 2001

Nitin Y. Bhatt, M.D., Internal Medicine, Attending, 07/11/2001-06/30/2003
Sophia Boudoulas, D.O., Internal Medicine, PGY-1 Limited, 07/01/2001-06/30/2003
David E. Cohn, M.D., Obstetrics & Gynecology, Attending, 07/01/2001-06/30/2003
Lori M. DiRusso, M.D., Pediatrics, PGY-1 Limited, 07/01/2001-06/30/2003

PERSONNEL ACTIONS (contd)

Medical Staff Appointments (The Ohio State University Medical Center) (contd)

July 2001 (contd)

Brent K. Eberhard, M.D., Pediatrics, PGY-1 Limited, 07/01/2001-06/30/2003
Charles F. Eisenbeis, II, M.D., Ph.D., Internal Medicine, Attending, 07/11/2001-06/30/2003
John S. Foor, M.D., Surgery, PGY-3 Limited, 07/01/2001-06/30/2003
Lamberto T. Galang, M.D., Internal Medicine, PGY-1 Limited, 07/01/2001-06/30/2003
Jon C. Gould, M.D., Surgery, Attending, 07/01/2001-06/30/2003
Brian C. Hiestand, M.D., Emergency Medicine, Attending, 07/11/2001-06/30/2003
Robert P. Hoffman, M.D., Pediatrics, Attending, 07/11/2001-06/30/2003
Maureen F. Jordan, M.D., Orthopaedic Surgery, PGY-1 Limited, 07/01/2001-06/30/2003
Vivek Kadyan, M.D., Physical Medicine & Rehabilitation, Attending, 07/11/2001-06/30/2003
Shalva V. Kakabadze, M.D., Family Medicine, Attending, 07/11/2001-06/30/2003
Joseph R. Leith, M.D., Orthopaedic Surgery, PGY-1 Limited, 07/01/2001-06/30/2003
Thomas Samuel Lin, M.D., Ph.D., Internal Medicine, Attending, 07/11/2001-06/30/2003
Erin Elizabeth McFarland, M.D., Pediatrics, PGY-1 Limited, 07/01/2001-06/30/2002
Paige L. O'Mahoney, M.D., Pediatrics, PGY-1 Limited, 07/01/2001-06/30/2002
Ranganath Pathak, M.D., Surgery, PGY-6 Limited, 07/01/2001-06/30/2002
John A. Paulus, Ph.D., Psychiatry, Attending/Ph.D., 07/11/2001-06/30/2002
Stephen P. Povoski, M.D., Surgery, Attending, 07/11/2001-06/30/2002
Jean L. Robertson, M.D., Pediatrics, Attending, 07/11/2001-06/30/2002
Neeraj H. Tayal, M.D., Internal Medicine, Attending, 07/01/2001-06/30/2002
Robert B. VanCourt, D.P.M., Orthopaedic Surgery, Community Affiliate, 07/01/2001-06/30/2002
John A. Walter, D.O., Physical Medicine & Rehabilitation, PGY-2 Limited, 07/01/2001-06/30/2002
Todd M. Yamokoski, C.N.S., Internal Medicine, Licensed Healthcare Professional, 07/11/2001-06/30/2002
Thomas M. Yunger, Jr., M.D., Internal Medicine, Attending, 07/11/2001-06/30/2002

Medical Staff Reappointments (The Ohio State University Medical Center)

Reappointment Period: 07/01/2001-06/30/2003

Jay E. Beilharz, D.O., Family Medicine, Community Affiliate Physician
Don L. Bremer, M.D., Ophthalmology, Attending
Maureen M. Buckner, C.N.P., Internal Medicine, Licensed Healthcare Professional
Joseph D. Bullock, M.D., Pediatrics, Courtesy
Spero R. Cataland, M.D., Internal Medicine, Attending
Yiu-Chung Chan, M.D., Psychiatry, Attending
Melinda M. Johnson Coesfeld, PA-C, Surgery, Licensed Healthcare Professional
Jack Dingle, M.D., Ophthalmology, Attending
Mari Fukami, D.M.D., Dentistry, PGY-3 Limited
Thomas G. Hospel, M.D., Family Medicine, Attending
John R. Kean, M.D., Orthopaedic Surgery, Courtesy
Patrick Killian, M.D., Internal Medicine, PGY-3 Limited
Thomas H. Lee, M.D., Orthopaedic Surgery, Attending
Alan D. Letson, M.D., Ophthalmology, Attending
Anne Dunnam Littleton, M.D., Pediatrics, Courtesy
Carolyn D. Lugannani, M.D., Family Medicine, PGY-3 Limited

Medical Staff Requests for Additional/Special Privileges (The Ohio State University Medical Center)

David Cohn, M.D., Obstetrics & Gynecology, CO2 lasers, 07/01/2001-06/30/2003
Steven Steinberg, M.D., Surgery, Conscious Sedation, 07/11/2001-06/30/2002

PERSONNEL ACTIONS (contd)

Medical Staff Appointments (The Ohio University Medical Center)

August 2001

John C. Abdou, M.D., Radiology, PGY2 Limited, 07/07/2001-06/30/2003
Timothy Anderson, M.D., Internal Medicine, Fellow 1st Year, 07/01/2001-06/30/2003
Joan Fay Atkin, M.D., Pediatrics, Courtesy, 07/01/2001-06/30/2003
Robert L. Bang, D.D.S., Dentistry, PGY1 Limited, 07/01/2001-06/30/2003
Dominique R. Barkley, M.D., Pediatrics, PGY1 Limited, 07/01/2001-06/30/2003
Geoffrey N. Box, M.D., Surgery, PGY1 Limited, 07/01/2001-06/30/2003
Christopher G. Brown, M.D., M.P.H., Internal Medicine, PGY1 Limited, 07/01/2001-06/30/2003
Conley B. Call, M.D., Ophthalmology, PGY2 Limited, 07/01/2001-06/30/2003
Daniel G. Cameron, M.D., Internal Medicine, Fellowship 1st Year, 07/01-2001-06/30/2003
Cathy Lynn Cantor, M.D., Internal Medicine, PGY1 Limited, 07/01/2001-06/30/2003
Craig Carpenter, M.D., Emergency Medicine, PGY1 Limited, 07/01/2001-06/30/2003
Michael A. Chandler, M.D., Internal Medicine, PGY1 Limited, 07/01/2001-06/30/2003
Saima Chohan, M.D., General Internal Medicine, Attending, 07/01/01-06/30/2003
Daniel M. Cohen, M.D., Pediatrics, Courtesy, 08/08/2001-06/30/2003
Dustin E. Coyle, M.D., Pediatrics, PGY1 Limited, 07/01/2001-06/30/2003
Ryan E. Dalton, M.D., Anesthesiology, PGY2 Limited, 07/01/2001-06/30/2003
Marcel J. Daneault, Jr., D.D.S., Dentistry, PGY1 Limited, 07/01/2001-06/30/2003
Praveena V. Dhawale, M.D., Pediatrics, PGY1 Limited, 07/01/2001-06/30/2003
Carlos B. Domingo, M.D., Surgery, PGY1 Limited, 07/01/2001-06/30/2003
Manoshi B. Dutta, M.D., Pediatrics, PGY1 Limited, 07/01/2001-06/30/2003
Charles A. Elmaraghy, M.D., Otolaryngology, PGY2 Limited, 07/01/2001-06/30/2003
Michael T. Engle, M.D., Physical Medicine and Rehabilitation, PGY2 Limited, 07/01/2001-06/30/2003
Timothy F. Feltes, M.D., Pediatrics, Courtesy, 08/08/2001-06/30/2003
Warren J. Frazier, M.D., Pediatrics, PGY1 Limited, 07/01/2001-06/30/2003
George M. Galvan, M.D., Surgery, PGY1 Limited, 07/01/2001-06/30/2003
Kathryn Lynn Ginocchi, M.D., Pediatrics, Attending, 08/08/2001-06/30/2003
Robert T. Gorsline, M.D., Orthopaedic Surgery, PGY1 Limited, 07/01/2001-06/30/2003
Katherine M. Harbay, D.M.D., Dentistry, PGY1 Limited, 07/01/2001-06/30/2003
Carolyn M. Harding, M.D., Pediatrics, PGY1 Limited, 07/01/2001-06/30/2003
Kristin J. Hem, M.D., Pediatrics, PGY1 Limited, 07/01/2001-06/30/2003
Scott A. Holliday, M.D., Internal Medicine, Attending, 08/08/2001-06/30/2003
Robert S. Houser, D.O., Surgery, PGY5 Limited, 07/01/2001-06/30/2003
Leslie J. Howell, D.O., Psychiatry, PGY1 Limited, 07/01/2001-06/30/2003
Babak Khabiri, D.O., Anesthesiology, PGY2 Limited, 07/01/2001-06/30/2003
Tamila L. Kindwall-Keller, D.O., Internal Medicine, Fellow 1st Year, 07/01/2001-06/30/2003
Michael R. Krause, D.O., Obstetrics and Gynecology, PGY4 Limited, 07/01/2001-06/30/2003
Nathan T. Lepp, M.D., Pediatrics, PGY1 Limited, 07/01/2001-06/30/2003
Richard J. Limperos, M.D., Emergency Medicine, PGY1 Limited, 07/01/2001-06/30/2003
Donald S. Long, M.D., Physical Medicine and Rehabilitation, PGY2 Limited, 07/01/2001-06/30/2003
Maria R. Lucarelli, M.D., Internal Medicine, Fellow 1st Year, 07/01/2001-06/30/2003
Carolyn D. Lugannani, M.D., Family Medicine, Attending, 10/01/2001-06/30/2003
Mary J. McCafferty, M.D., Psychiatry, Attending, 08/08/2001-06/30/2002
Lynette R. Mehl, D.P.M., Orthopaedic Surgery, PGY1 Limited, 07/01/2001-06/30/2002
Robert M. Moskowitz, M.D., Emergency Medicine, PGY1 Limited, 07/01/2001-06/30/2002
Sarah E. Nargi, M.D., Surgery, PGY1 Limited, 07/01/2001-06/30/2002
Neelam N. Noticewala, M.D., Pediatrics, PGY1 Limited, 07/01/2001-06/30/2002
Ann O'Connor, M.D., Surgery, PGY8 Limited, 07/01/2001-06/30/2002
John R. Ogden, M.D., Surgery, PGY1 Limited, 07/01/2001-06/30/2002
Mona E. Orady, M.D., Obstetrics and Gynecology, PGY1 Limited, 07/01/2001-06/30/2002
Robert E. Paasche, M.D., Emergency Medicine, PGY1 Limited, 07/01/2001-06/30/2002
Irene Paparizos, M.D., Pediatrics, PGY1 Limited, 07/01/2001-06/30/2002
Anna Park, M.D., Ophthalmology, PGY2 Limited, 07/17/2001-06/30/2002

PERSONNEL ACTIONS (contd)

Medical Staff Appointments (The Ohio University Medical Center) (contd)

August 2001 (contd)

Ross S. Paskoff, M.D., Orthopaedic Surgery, Community Affiliate Physician, 08/08/2001-06/30/2002
Mary A. Paulson, Ph.D., Psychiatry, Attending/Phd, 08/08/2001-06/30/2002
Joseph W Pool, M.D., Internal Medicine, Attending, 07/01/2001-06/30/2002
Daniela M. Proca, M.D., Pathology, Attending, 08/08/2001-06/30/2002
Nilsa Del Carmen Ramirez, M.D., Pathology, Attending, 08/08/2001-06/30/2002
Sharon L. Roble, M.D., Internal Medicine, PGY1 Limited, 07/01/2001-06/30/2002
Jennifer D. Roney, M.D., Obstetrics and Gynecology, PGY1 Limited, 07/01/2001-06/30/2002
Michelle A. Russell, M.D., Obstetrics and Gynecology, Community Affiliate Physician, 08/08/2001-06/30/2002
Laura E. Ryan Patrick, M.D., Internal Medicine, Fellow 1st Year, 07/01/2001-06/30/2002
Anjali A. Satoskar, M.D., Pathology, PGY7 Limited, 07/01/2001-06/30/2002
Martin P. Schutte, M.D., Emergency Medicine, PGY1 Limited, 07/01/2001-06/30/2002
Rosemarie L. Shim, M.D., Internal Medicine, PGY1 Limited, 07/01/2001-06/30/2002
Aditya V. Singh, D.D.S., Dentistry, PGY1 Limited, 07/01/2001-06/30/2002
Amul H. Singh, D.D.S., Dentistry, PGY1 Limited, 07/01/2001-06/30/2002
Michael R. Stenger, M.D., Pediatrics, PGY1 Limited, 07/01/2001-06/30/2002
Veena Subramanian, M.D., Neurology, Attending, 08/08/2001-06/30/2002
Larry R. Tate, M.D., Pathology, Attending, 08/08/2001-06/30/2002
Marc A. Trzeciak, D.O., Orthopaedic Surgery, Community Affiliate Physician, 07/17/2001-06/30/2002
Fred P. Tzystuck, M.D., Emergency Medicine, PGY1 Limited, 07/01/2001-06/30/2002
Victor R. Vermeulen, M.D., Otolaryngology, Courtesy, 08/08/2001-06/30/2002
Tate L. Viehweg, D.M.D., Dentistry, PGY1 Limited, 07/01/2001-06/30/2002
Jason S. Weber, M.D., Pediatrics, PGY1 Limited, 07/01/2001-06/30/2002
Jason P. Yanich, D.D.S., Dentistry, PGY1 Limited, 07/01/2001-06/30/2002
Andrew R. Yates, M.D., Pediatrics, PGY1 Limited, 07/01/2001-06/30/2002

Medical Staff Reappointments (The Ohio State University Medical Center)

August 2001

Vivek V. Abhyankar, M.D., Internal Medicine, Fellow 1st Year, 08/08/2001-06/30/2003
Joseph C. Bennett, M.D., Internal Medicine, Courtesy, 08/08/2001-06/30/2003
Michael J. Besson, M.D., Ophthalmology, Courtesy, 08/08/2001-06/30/2003
Michael A. Burgin, M.D., Internal Medicine, Attending, 08/08/2001-06/30/2003
Lisa Ann Burns-Serrano, M.D., Family Medicine, Courtesy, 08/08/2001-06/30/2003
Kenneth V. Cahill, M.D., Ophthalmology, Attending, 08/08/2001-06/30/2003
Charles P. Carroll, M.D., Ophthalmology, Courtesy, 08/08/2001-06/30/2003
David P. Chan, M.D., Pediatrics, Courtesy, 08/08/2001-06/30/2003
Stephanie W. Costa, M.D., Obstetrics and Gynecology, Courtesy, 07/11/2001-06/30/2003
Debbra L. Debaets, M.D., Internal Medicine, Community Affiliate Physician, 08/08/2001-06/30/2003
Jennifer D. Gibson, M.D., Internal Medicine, Attending, 08/08/2001-06/30/2003
Joseph L. Herson, III, D.O., Family Medicine, Attending, 08/08/2001-06/30/2003
Frederick Kapetansky, M.D., Ophthalmology, Attending, 08/08/2001-06/30/2003
Patrick M. Killian, M.D., Internal Medicine, PGY3 Limited, 07/01/2001-06/30/2003
James F. Lamb, M.D., Internal Medicine, Attending, 07/01/2001-06/30/2003

Requests for Additional/Special Privileges (The Ohio State University Medical Center)

August 2001

Richard T. Kloos, M.D., Radiology, Nuclear Medicine, 08/08/2001-06/30/2003

PERSONNEL ACTIONS (contd)

Medical Staff Appointments (The Ohio State University Hospitals East)

July 2001

Carl C. Berasi, D.O., Orthopaedic Surgery, Courtesy, 07/16/2001-06/30/2003
Hillary B. Boswell, M.D., Obstetrics and Gynecology, PGY1 Limited, 07/16/2001-06/30/2003
Stacie D. Burton, M.D., Family Practice, PGY2 Limited, 07/16/2001-06/30/2003
Michael B. Cannone, D.O., Orthopaedic Surgery, Courtesy, 07/16/2001-06/30/2003
David E. Dalton, M.D., Emergency Medicine, Active, 07/16/2001-06/30/2003
Carlos B. Domingo, M.D., Surgery, PGY1 Limited, 07/16/2001-06/30/2003
Terry A. Dragash, D.O., Family Medicine, Courtesy, 07/16/2001-06/30/2003
Timothy P. Duffey, D.O., Orthopaedic Surgery, Courtesy, 07/16/2001-06/30/2003
George M. Galvan, M.D., Surgery, PGY1 Limited, 07/16/2001-06/30/2003
Julia A. Garrett, C.N.P., Medical Management Team, Licensed Healthcare Professional, 07/16/2001-06/30/2003
Jon C. Gould, M.D., Surgery, Active, 07/16/2001-06/30/2003
Donna J. Hedges, C.N.S., Internal Medicine, Licensed Healthcare Professional, 07/16/2001-06/30/2003
Charles D. Kerr, D.O., Orthopaedic Surgery, Courtesy, 07/16/2001-06/30/2003
Ann M. Kuhn, M.D., Surgery, PGY3 Limited, 07/16/2001-06/30/2003
Ronald Lakatos, M.D., Orthopaedic Surgery, Active, 07/16/2001-06/30/2003
J. Paul Martz, D.O., Orthopaedic Surgery, Courtesy, 07/16/2001-06/30/2002
Gregory Z. Mavian, D.O. Surgery, Courtesy, 07/16/2001-06/30/2002
Gregory D. Pearson, M.D., Surgery, PGY4 Limited, 07/16/2001-06/30/2002
Mona R. Prasad, D.O., Surgery, PGY1 Limited, 07/16/2001-06/30/2002
Carrie R. Soder, M.D., Surgery, PGY1 Limited, 07/16/2001-06/30/2002
Larry T. Todd, D.O., Orthopaedic Surgery, Courtesy, 07/16/2001-06/30/2002
David Vinson Jr., M.D., Medical Management Team, Active, 07/16/2001-06/30/2002
Jaimie Yun, D.P.M., Orthopaedic Surgery, Active, 07/16/2001-06/30/2002

Medical Staff Reappointments (The Ohio State University Hospitals East)

Reappointment Period: 07/01/2001-06/30/2003

Philip E. Binkley, M.D., Internal Medicine, Active
Michael L. Blumenfeld, M.D., Surgery, Active
Terry L. Brown, CRNA, Anesthesiology, Licensed Healthcare Professional
Theresa L. Craig CRNA, Anesthesiology, Licensed Healthcare Professional
Veronica D. Haverick, CRNA, Anesthesiology, Licensed Healthcare Professional

Medical Staff Requests for Change in Medical Staff Status (The Ohio State University Hospitals East)

July 2001

Brian C. Hiestand, M.D., Emergency Medicine, Limited to Active, 07/16/2001-06/30/2003
Milroy J. Samuel, M.D., Surgery, Limited to Courtesy, 07/16/2001-06/30/2002
Christopher M. Schlanger, M.D., Emergency Medicine, Limited to Active, 07/16/2001-06/30/2002

Medical Staff Requests for Additional Privileges (The Ohio State University Hospitals East)

July 2001

Philip F. Binkley, M.D., Internal Medicine, Pacemaker placement, Right heart catheterization, 07/01/2001-06/30/2003
David E. Dalton, M.D., Emergency Medicine, Moderate Sedation, 07/16/2001-06/30/2003
Brian C. Hiestand, M.D., Emergency Medicine, Moderate Sedation, 07/16/2001-06/30/2003
David S. Lever, M.D., Internal Medicine, Moderate Sedation, 07/16/2001-06/30/2003

PERSONNEL ACTIONS (contd)

Medical Staff Requests for Additional Privileges (The Ohio State University Hospitals East)
(contd)

July 2001 (contd)

J. Paul Martz, D.O., Orthopaedic Surgery, Laminectomy-lower lumbar, 07/16/2001-06/30/2002
Gregory Z. Mavian, D.O., Surgery, Microsurgery, Use of CO2 Laser, Spinal instrumentation,
07/16/2001-06/30/2002
Charles W. Noble, M.D., Internal Medicine, Moderate Sedation, 07/16/2001-06/30/2002
Milroy J. Samuel, M.D., Surgery, Moderate Sedation, CO2 Laser, Use of laparoscope,
Transcervical balloon tuboplasty, Cystoscopy, Endometrial balloon ablation, 07/16/2001-
06/30/2002
Christopher M. Schlanger, M.D., Emergency Medicine, Moderate Sedation, 07/16/2001-
06/30/2002
Larry T. Todd, Jr., D.O., Orthopaedic Surgery, Spinal reconstruction, Laminectomy,
Hemipelvectomy, 07/16/2001-06/30/2002

Medical Staff Appointments (The Ohio State University Hospitals East)

August 2001

Geoffrey N. Box, M.D., Surgery, PGY1 Limited, 07/01/2001-06/30/2003
Ryan E. Dalton, M.D., Anesthesiology, PGY2 Limited, 07/01/2001-06/30/2003
Mark L. DeBard, M.D., Emergency Medicine, Active, 08/20/2001- 06/30/2003
Robert Field, M.D., Radiology, Courtesy, 08/20/2001-06/30/2003
Robert T. Gorsline, M.D., Orthopaedic Surgery, PGY 1 Limited, 07/01/2001-06/30/2003
Lynette R. Mehl, D.P.M., Orthopaedic Surgery, PGY1 Limited, 07/01/2001-06/30/2002
Sarah E. Nargi, M.D., Surgery, PGY1 Limited, 07/01/2001-06/30/2002
John R. Ogden, M.D., Surgery, PGY1 Limited, 07/01/2001-06/30/2002
Mona E. Orady, M.D., Obstetrics and Gynecology, PGY1 Limited, 07/01/2001-06/30/2002
Ross S. Paskoff, M.D., Orthopaedic Surgery, Active, 08/20/2001-06/30/2002
Joel R. Politi, M.D., Orthopaedic Surgery, Courtesy, 08/20/2001-06/30/2002
Daniela M. Proca, M.D., Pathology, Active, 08/20/2001-06/30/2002
Janice Ramsdell, RN, Surgery, LHCP, 08/20/2001-06/30/02
Jennifer D. Roney, M.D., Obstetrics and Gynecology, PGY1 Limited, 07/01/2001 –06/30/2002
William E. Saar, D.O., Orthopaedic Surgery, Courtesy, 07/23/2001-06/30/2002
Veena Subramanian, M.D., Neurology, Active, 08/20/2001-06/30/2002
Larry R. Tate, M.D. Pathology, Active, 08/20/2001-06/30/2002
Bryan W. Tillman, M.D., Ph.D., Surgery, PGY1 Limited, 07/01/2001-06/30/2002
Gregory W. Walker, D.O., Surgery, PGY1 Limited, 07/01/2001-06/30/2002
Emily Yu, M.D., Physical Medicine Rehabilitation, Courtesy, 08/20/2001-06/30/2002

Medical Staff Requests for Additional Privileges (The Ohio State University Hospitals East)

August 2001

Mark L. DeBard, M.D., Emergency Medicine, Moderate Sedation, 08/20/2001 -06/30/2003

Medical Staff Appointments (The Arthur G. James Cancer Hospital and Richard J. Solove
Research Institute)

August 2001

Initial Appointments – Faculty

Eric C. Bourekas, M.D., Radiology, Neuroradiology, Assistant Professor, Associate Attending
Stephen J. Burgun, M.D., Internal Medicine, Endocrinology, Clinical Assistant Professor,
Associate Attending

PERSONNEL ACTIONS (contd)

Medical Staff Appointments (The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute) (contd)

August 2001 (contd)

Initial Appointments – Faculty (contd)

Vivek Kadyan, M.D., Physical Medicine and Rehabilitation, Clinical Assistant Professor, Associate Attending

Daniela M. Proca, M.D., Pathology, Surgical Pathology, Clinical Assistant Professor, Associate Attending

Larry R. Tate, M.D., Surgery, Pathology, Clinical Associate Professor, Associate Attending

Provisional to Full Appointment – Allied Health Professionals

Larell Fineren, C.R.N.A.

Larry Gronland, C.R.N.A.

Ginger Guinther, C.R.N.A.

Agnes Marie Miller, C.R.N.A.

Gretchen Norman, C.R.N.A.

Linda Rainey, C.R.N.A.

Reappointment – Faculty (term of appointment 7/1/01-6/30/03)

Phillip Binkley, M.D., Associate Attending, Internal Medicine/Cardiology

Additional Privileges

David E. Cohn, M.D., Obstetrics and Gynecology, Attending, CO2 laser

Stephen P. Povoski, M.D., Surgery, Surgical Oncology, Attending, Laparoscopy

RESOLUTION IN MEMORIAM

Resolution No. 2002-37

Synopsis: Approval of a Resolution in Memoriam is proposed.

RESOLVED, That the Board adopt the following Resolution in Memoriam and that the President be requested to convey a copy to the family of the deceased.

John H. Muschick

The Board of Trustees of The Ohio State University expresses its sorrow upon the death on January 26, 2000, of John H. Muschick, Associate Professor Emeritus in the School of Music.

John Muschick was born in State Center, Iowa, on March 22, 1923. In 1941, he began formal training in music at Parsons College, Fairfield, Iowa. His studies were interrupted by three years of service in the United States Army, for which he was awarded several medals, including the Purple Heart. After World War II, he attended Drake University, where he received the degrees B.Mus. (1948) and M.Mus. (1949). He pursued advanced training at the Conservatoire National de Musique, Paris, where in 1950 he earned a certificate in voice and vocal repertoire.

RESOLUTION IN MEMORIAM (contd)

John H. Muschick (contd)

His teaching career began in 1948 at Carthage College, Carthage, Illinois. In 1950, he came to The Ohio State University as instructor of voice and in 1967 attained the rank of associate professor, a position he held until his retirement in 1979. During his 30-year tenure on the faculty of the School of Music, he was active as bass-baritone recitalist, studio teacher, and director of the Women's Glee Club – an ensemble that attained musical excellence under his dynamic leadership. Professor Muschick also had the honor of teaching at the Interlochen National Music Camp during the summers of 1951-1955.

Professor Muschick's special interest in church and choral music was manifested by various contributions to the Columbus community. From 1951-1955, he served as baritone soloist at First Community Church. Thereafter, he served as minister of music at Overbrook Presbyterian Church until his move to Pensacola in 1987. In addition, he served for seven years as director of choral activities for Nationwide Insurance Company and for 20 years as a consultant to Beckenhorst Music Publishers.

Professor Muschick was active in professional organizations, such as the National Association of Teachers of Singing and the Music Teachers National Association, and in honorary societies such as Phi Mu Alpha Sinfonia. He was especially active as a member of Pi Kappa Lambda music fraternity and was instrumental in inaugurating an OSU chapter of that honorary society.

He is remembered by his OSU colleagues and students for his love of music, his artistry, his devotion to teaching, and for his marvelous collegiality.

On behalf of the University community, the Board of Trustees expresses to the family of Professor John H. Muschick its deepest sympathy and sense of understanding of their loss. It was directed that this resolution be inscribed upon the minutes of the Board of Trustees and that a copy be tendered to his family as an expression of the Board's heartfelt sympathy.

EXEMPTION – NATIONAL INDUSTRIAL SECURITY PROGRAM

Resolution No. 2002-38

Synopsis: Approval of annual exemptions for National Industrial Security Program Clearance is proposed.

WHEREAS that those persons occupying the following positions among the officers and members of the Board of Trustees of The Ohio State University, shall be known as the Managerial Group as described in the National Industrial Security Program Operating Manual:

President
Executive Vice President and Provost
Vice President for Research
Senior Vice President for Business and Finance
Secretary, Board of Trustees
National Security Officer

and

WHEREAS that the Chief Executive and members of the Managerial Group have been processed, or will be processed for a personnel clearance for access to classified information, to the level of the facility clearance granted to this institution, as provided for in the aforementioned National Industrial Security Program Operating Manual; and

EXEMPTION – NATIONAL INDUSTRIAL SECURITY PROGRAM (contd)

WHEREAS that the said Managerial Group is hereby delegated all of the Board's duties and responsibilities pertaining to the protection of classified information under classified contracts of the Department of Defense or User Agencies of its National Industrial Security Program awarded to The Ohio State University:

NOW THEREFORE

BE IT RESOLVED, That the following named officers and members of the Board of Trustees shall not require, shall not have, and can be effectively excluded from access to all classified information in the possession of The Ohio State University and do not occupy positions that would enable them to affect adversely the policies and practices of The Ohio State University in the performance of classified contracts for the Department of Defense or User Agencies and its National Industrial Security Program, awarded to The Ohio State University, need not be processed for a personnel clearance.

David L. Brennan, Chair
Jo Ann Davidson
Robert M. Duncan
Karen L. Hendricks
Tami Longaberger

Dimon R. McFerson
James F. Patterson, Vice Chair
Daniel M. Slane
Zuheir A. Sofia

REPORT OF RESEARCH CONTRACTS AND GRANTS

Resolution No. 2002-39

Synopsis: The report on research and other sponsored program contracts and grants and the summaries for August 2001 are presented for Board acceptance.

WHEREAS monies are solicited and received on behalf of the University from governmental, industrial, and other agencies in support of research, instructional activities, and service; and

WHEREAS such monies are received through The Ohio State University Research Foundation:

NOW THEREFORE

BE IT RESOLVED, That the research agreement between The Ohio State University and The Ohio State University Research Foundation for the contracts and grants reported herein during the month of August 2001 be approved.

REPORT ON UNIVERSITY DEVELOPMENT

Resolution No. 2002-40

Synopsis: The report on the receipt of gifts and the summary for August 2001 are presented for Board acceptance.

WHEREAS monies are solicited and received on behalf of the University from alumni, industry, and various individuals in support of research, instructional activities, and service; and

WHEREAS such gifts are received through The Ohio State University Development Fund and The Ohio State University Foundation; and

REPORT ON UNIVERSITY DEVELOPMENT (contd)

WHEREAS this report includes the establishment of The Frederick P. Zuspan, M.D. Chair in Obstetrics and Gynecology; and

WHEREAS this report includes the establishment of nine (9) new named endowed funds and the amendment of one (1) named endowed fund:

NOW THEREFORE

BE IT RESOLVED, That the acceptance of the report from The Ohio State University Development Fund and The Ohio State University Foundation during the month of August 2001 be approved.

TOTAL UNIVERSITY PRIVATE SUPPORT

July through August
2000 Compared to 2001

GIFT RECEIPTS BY DONOR TYPE

	Dollars July through August		
	<u>2000</u>	<u>2001</u>	<u>%Change</u>
Individuals:			
Alumni (Current Giving)	\$2,581,418	\$3,031,234	17
Alumni (From Bequests)	<u>349,825</u>	<u>1,223,946</u>	250
Alumni Total	\$2,931,243	\$4,255,180	45
Non-Alumni (Current Giving)	\$1,008,951	\$1,790,511	77
Non-Alumni (From Bequests)	<u>187,639</u>	<u>877,043</u>	367
Non-Alumni Total	\$1,196,590	\$2,667,554	123
Individual Total	\$4,127,833	\$6,922,734	68 ^A
Corporations/Corp/Foundation	\$4,823,508	\$7,018,235	46 ^B
Private Foundations	\$1,819,522	\$2,280,388	25 ^C
Associations and Other Organizations	<u>\$552,324</u>	<u>\$600,728</u>	9
Total	\$11,323,187	\$16,822,085	49

NOTES

- A Individual giving is up 68% largely due to the fact that gifts of \$10,000 or more are up 68% (22 gifts for \$1.9 million last year; 39 gifts for \$3.2 million this year).
- B Corporate giving is up 46%. Last year there were 98 corporate gifts providing private support of \$10,000 or more (\$3.6 million). This year private support at the \$10,000 level is \$5.8 million (137 gifts).
- C Foundation giving at the \$10,000 or more level is up for the first two months of the fiscal year (\$2.2 million from 29 gifts this year; \$1.7 million from 20 gifts last year).

REPORT ON UNIVERSITY DEVELOPMENT (contd)

TOTAL UNIVERSITY PRIVATE SUPPORT (contd)

July-August
2000 Compared to 2001

GIFT RECEIPTS BY PURPOSE

	Dollars July through August		
	<u>2000</u>	<u>2001</u>	<u>% Change</u>
Gift Receipts to Current Use and Endowment Funds:			
Buildings/Equipment	\$1,345,731	\$3,282,934	144
Faculty Support	\$1,866,519	\$347,938	(81)
Program Support	\$5,407,442	\$10,202,510	89
Student Financial Aid	\$1,266,053	\$2,234,512	76
Annual Funds-Colleges/Departments	\$1,338,110	\$655,268	(51)
Annual Funds-University	<u>\$99,332</u>	<u>\$98,923</u>	---
Total	\$11,323,187	\$16,822,085	49

GIFT ADDITIONS TO ENDOWMENT

Dollars <u>July through August</u>		
<u>2000</u>	<u>2001</u>	<u>% Change</u>
\$3,361,604	\$4,013,497	19%

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY DEVELOPMENT FUND

	<u>Previous Funds</u>	<u>Current Funds</u>	<u>Total Funds</u>
<u>Establishment of Named Endowed Chair</u>			
The Frederick P. Zuspan, M.D. Chair in Obstetrics and Gynecology (Support a faculty chair position in the Department of Obstetrics and Gynecology; provided by gifts from Professor Emeritus Frederick P. Zuspan, M.D. and his colleagues and friends and the Department of Obstetrics and Gynecology) (grandfathered)	\$1,302,252.56		\$1,302,252.56
<u>Establishment of Named Endowed Funds</u>			
The Friends of The Ohio State University Endowed Merit Scholarship Fund (Provide scholarships for Presidential, Distinguished, Medalist, and University Scholars through the Merit Scholar Initiative; provided by a gift from Friends of The Ohio State University)		\$100,000.00	\$100,000.00
Ohio Nursery Landscape Horticulture Program Endowment Fund (Further the purpose and function of the Ohio State Nursery Short Course and the Landscape Horticulture Program; provided funds accumulated through the educational programming of the annual OSU Nursery Short Course, conducted in cooperation with the Ohio Nursery and Landscape Association)		\$100,000.00	\$100,000.00
The Alan G. and Marie Loofbourrow Memorial Fund in the College of Engineering (Provide scholarships in the College of Engineering until funding is sufficient to support a named professorship in the College of Engineering; provided by a gift from the Alan G. Loofbourrow Trust in memory of Marie Loofbourrow and Alan G. Loofbourrow)		\$99,387.12	\$99,387.12

Change in Name of Named Endowed Fund

From: The Geography Faculty and Alumni Fund
To: John N. Rayner Alumni, Faculty, and Friends of Geography Fund

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY FOUNDATION

	<u>Previous Funds</u>	<u>Current Funds</u>	<u>Total Funds</u>
<u>Establishment of Named Endowed Funds</u>			
The George E. Large Memorial Fund (Provide for capital improvements in the civil engineering department and provide scholarship for deserving student(s) within civil and environmental engineering; provided by a gift from Maynard B. Walker)		\$149,062.66	\$149,062.66
The Thomas and Ann Nordholt Hunnicutt Scholarship Fund (Provide scholarships to students majoring in construction engineering in the College of Engineering; provided by a gift from Ann Hunnicutt)		\$61,438.60	\$61,438.60
The Robert Stewart LEAD Endowment Fund (Support programs to enhance and improve the leadership skills and abilities of young professionals in the industry of agriculture throughout the State of Ohio; provided by gifts from Nationwide Foundation in honor of Robert Stewart)		\$40,000.00	\$40,000.00
The Chrisha L. Siebert Fund in Theatre Technology and Design (Chrisha's Fund) (Support extraordinary production expenses in the Department of Theatre; provided by a gift from her parents, Larry and Helen Siebert in Chrisha's memory)		\$30,000.00	\$30,000.00
The Kraig A. Tallman Memorial Scholarship Fund in Cheerleading (Supplement the student-athlete grant-in-aid scholarship costs of a student athlete who is a member of the varsity cheerleading squad; provided by gifts from his friends and family in memory of the late Kraig A. Tallman)		\$29,045.00	\$29,045.00
The Mark J. Cohen and Rose Marie McDaniel Endowment Fund (Support a distinguished speaker program at the Ohio State University Cartoon Research Library; provided by a gift from Mark J. Cohen and Rose Marie McDaniel)		\$25,865.63	\$25,865.63
Total	\$1,302,252.56	\$634,799.01	\$1,937,051.57

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY DEVELOPMENT FUND

Establishment of Named Endowed Chair

The Frederick P. Zuspan, M.D. Chair in Obstetrics and Gynecology

The Frederick P. Zuspan, M.D. Chair Fund in Obstetrics and Gynecology was established June 5, 1992, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from Professor Emeritus Frederick P. Zuspan, M.D. (B.A. Biological Sciences 1947, M.D. 1951), his colleagues and friends and the Department of Obstetrics and Gynecology. The funding level for professorship status was reached and the name was revised on July 7, 1995. The funding level for chair status (grandfathered) was reached and the chair was established on October 5, 2001.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support a faculty chair position in the Department of Obstetrics and Gynecology as recommended by the chairperson of the Department of Obstetrics and Gynecology in consultation with the senior vice president for Health Sciences and dean of the College of Medicine and Public Health to the provost and approved by the Board of Trustees.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the senior vice president for Health Sciences and dean of the College of Medicine and Public Health, chairperson of the Department of Obstetrics and Gynecology, or program administrative officer in order to carry out the desire of the donors.

\$1,302,252.56 (grandfathered)

Establishment of Named Endowed Funds

Friends of The Ohio State University Endowed Merit Scholarship Fund

The Friends of The Ohio State University Endowed Merit Scholarship Fund was established October 5, 2001, by the Board of Trustees of The Ohio State University with a gift from friends of The Ohio State University.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to provide scholarships for Presidential, Distinguished, Medalist, and University Scholars through the Merit Scholar Initiative. This fund will be administered by the University Honors and Scholars Center in consultation with the University Committee on Student Financial Aid.

It is the desire of the University Development Office that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the Honors and Scholars Program, the appropriate dean, department chairperson, or program administrative officer in order to carry out the desire of the donors.

\$100,000.00

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY ENDOWMENT FUND (contd)

Establishment of Named Endowed Funds (contd)

Ohio Nursery Landscape Horticulture Program Endowment Fund

The Ohio Nursery Landscape Horticulture Program Endowment Fund was established October 5, 2001, by the Board of Trustees of The Ohio State University with the funds accumulated through the educational programming of the annual OSU Nursery Short Course, conducted in cooperation with the Ohio Nursery and Landscape Association.

All funds forwarded are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to further the purpose and function of the Ohio State Nursery Short Course and the Landscape Horticulture Program (including but not limited to faculty and programs in the Departments of Horticulture and Crop Science, Plant Pathology, Entomology, and Food, Agricultural, and Biological Engineering, and School of Natural Resources) and may include but not limited to:

- Support for research and education aspects of the Landscape Horticulture Program;
- Sponsorship of field trips for landscape horticulture students;
- Travel to horticultural conferences for students and faculty;
- Funding for assistantships and fellowships;
- Stipends for student workers;
- Support for research projects that impact the Ohio nursery and landscape industry.

The chairperson for the Department of Horticulture and Crop Science and designated landscape horticulture faculty in the Department of Horticulture and Crop Science shall have the responsibility for and must approve of expenditures from the fund. Student awards will be made in consultation with the University Committee on Student Financial Aid.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the vice president for Agricultural Administration and the chair of the Department of Horticulture and Crop Science, or their successor(s), in order to carry out the desire of the donors.

\$100,000.00

The Alan G. and Marie Loofbourrow Memorial Fund in the College of Engineering

The Alan G. and Marie Loofbourrow Memorial Fund in the College of Engineering was established October 5, 2001, by the Board of Trustees of The Ohio State University with a gift from the Alan G. Loofbourrow Trust in memory of Marie Loofbourrow and Alan G. Loofbourrow (B.M.E. 1934, Honorary D.S. 1972).

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income from this permanent endowment will be reinvested into the principal until the fund's book value reaches \$100,000. At that time distribution toward scholarships and reinvestment will be at the discretion of the dean of Engineering. The scholarships will be named

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY ENDOWMENT FUND (contd)

Establishment of Named Endowed Funds (contd)

The Alan G. and Marie Loofbourrow Memorial Fund in the College of Engineering (contd)

for Alan G. and Marie Loofbourrow and be awarded by the dean in consultation with the University Committee on Student Financial Aid to academically superior engineering students. In anticipation of potential significant additions from the Alan G. Loofbourrow Trust, this description includes the fund's potential creation of a named endowed professorship. At the time that the fund's book value reaches the University's Board of Trustees' threshold for an endowed professorship, the fund's income shall be used only to support a named professorship in the College of Engineering. The distinguished holder of the position will be known as the "Alan G. and Marie Loofbourrow Engineering Professor." Appointment to the professorship will be made by the provost at the recommendation of the dean of Engineering and approved by the Board of Trustees.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the appropriate college dean, department chairperson, or program administrative officer in order to carry out the desire of the donor.

\$99,387.12

Change in Name of Named Endowed Fund

John N. Rayner Alumni, Faculty, and Friends of Geography Fund

The Geography Faculty and Alumni Fund was established March 2, 1990, by the Board of Trustees of The Ohio State University with gifts to The Ohio State University Development Fund from geography faculty and alumni. The fund name was changed on October 5, 2001.

All gifts are to be invested in the University's Permanent Endowment Fund, under the rules and regulations adopted by the Board of Trustees of The Ohio State University, with the right to invest and reinvest as occasion dictates.

The annual income shall be used for scholarships, prizes, and other expenditures recommended by the majority of the faculty of the Department of Geography. Expenditures from the fund shall be authorized by the chairperson of the Department of Geography. Scholarship recipients shall be chosen in consultation with the University Committee on Student Financial Aid.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Board of Trustees in consultation with the appropriate college dean, department chairperson, or program administrative officer in order to carry out the desire of the donors.

THE OHIO STATE UNIVERSITY FOUNDATION

Establishment of Named Endowed Funds

The George E. Large Memorial Fund

The George E. Large Memorial Fund was established October 5, 2001, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from Maynard B. Walker (B.C.E. 1954) from Ashtabula, Ohio.

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY FOUNDATION (contd)

Establishment of Named Endowed Funds (contd)

The George E. Large Memorial Fund (contd)

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used for capital improvements, such as lab space, equipment, etc., in the civil engineering department and provide scholarship for a deserving student (or students) with financial need majoring in civil and environmental engineering with a 3.0 minimum G.P.A. The scholarship will be awarded in consultation with the University Committee on Student Financial Aid.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board in consultation with the civil engineering department chair in order to carry out the desire of the donor.

\$149,062.66

The Thomas and Ann Nordholt Hunnicutt Scholarship Fund

The Thomas and Ann Nordholt Hunnicutt Scholarship Fund was established October 5, 2001, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from Ann Hunnicutt (B.S.Ed. 1965).

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income from the endowment shall be used to provide scholarships to students majoring in construction engineering in the College of Engineering at The Ohio State University. Preference shall be given to students from the State of Ohio who maintain a grade point average of at least 3.0 on a 4.0 scale. Selection will be made by the college's scholarship committee, in coordination with the University's Office of Financial Aid and formally approved by the dean of the College.

It is the desire of the donor that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board in consultation with the person or unit with spending authority and/or appropriate University official in order to carry out the desire of the donor.

\$61,438.60

The Robert Stewart LEAD Endowment Fund

The Robert Stewart LEAD Endowment Fund was established October 5, 2001, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts from Nationwide Foundation in honor of Robert Stewart.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY FOUNDATION (contd)

Establishment of Named Endowed Funds (contd)

The Robert Stewart LEAD Endowment Fund (contd)

The annual income shall be used to support programs to enhance and improve the leadership skills and abilities of young professionals in the industry of agriculture throughout the State of Ohio. The intent of a leadership program is to combine training, travel, and instruction in these areas: (1) leadership skills; (2) agricultural and economic trends; (3) international trade and relations; (4) interpersonal relations and communications skills; (5) local, state, and national political processes; (6) development and welfare of local communities and neighborhoods; and (7) cultural awareness.

The use of the annual income shall be directed by the vice president for Agricultural Administration, in consultation with the director of the Ohio Leadership and Development Program.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board in consultation with the vice president for Agricultural Administration and with the director of the Ohio LEAD program or their successor(s) in order to carry out the desire of the donors.

\$40,000.00

**The Chrisha L. Siebert Fund in Theatre Technology and Design
(Chrisha's Fund)**

The Chrisha L. Siebert Fund in Theatre Technology and Design (Chrisha's Fund) was established October 5, 2001, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift in memory of Chrisha Louise Siebert (M.F.A. 1993) by her parents, Larry and Helen Siebert, of Jefferson City, Missouri.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support extraordinary production expenses in varying amounts during the production season in the Department of Theatre. These expenses shall be above and beyond the department's standard allocation to productions and specifically will be used to support unique requirements of production design.

Expenditures shall be based on criteria established by the chairperson of the Department of Theatre in consultation with a committee authorized to advise the chair on this matter. The department may elect to serve as a committee of the whole to render the advice. Each year, any unused income shall be reinvested in the endowment principal.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board in consultation with the appropriate college dean, department chairperson, or program administrative officer in order to carry out the desire of the donors.

\$30,000.00

REPORT ON UNIVERSITY DEVELOPMENT (contd)

THE OHIO STATE UNIVERSITY FOUNDATION (contd)

Establishment of Named Endowed Funds (contd)

Kraig A. Tallman Memorial Scholarship Fund in Cheerleading

The Kraig A. Tallman Memorial Scholarship Fund in Cheerleading was established October 5, 2001, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with gifts in memory of the late Kraig A. Tallman, (B.Art Ed. 1979) from his friends and family.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to supplement the student-athlete grant-in-aid scholarship costs of a student athlete who is a member of the varsity cheerleading squad pursuing an undergraduate degree at The Ohio State University. The recipient will be selected by the following criteria: financial need, academic achievement, and a one-page essay by the candidates reflecting the candidate's Ohio State Cheerleading experience and answer why they should be selected as the recipient. A three-member panel from the Ohio State Cheerleading Alumni Society will make the final decision in consultation with the University Committee on Student Financial Aid.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board as recommended by the director of Athletics in order to carry out the desire of the donors.

\$29,045.00

The Mark J. Cohen and Rose Marie McDaniel Endowment Fund

The Mark J. Cohen and Rose Marie McDaniel Endowment Fund was established October 5, 2001, in accordance with the guidelines approved by the Board of Directors of The Ohio State University Foundation, with a gift from Mark J. Cohen and Rose Marie McDaniel of Santa Rosa, California.

All gifts are to be invested by the Foundation, under the rules and regulations adopted by the Foundation's Board of Directors, with the right to invest and reinvest as occasion dictates.

The annual income shall be used to support a distinguished speaker program at The Ohio State University Cartoon Research Library. Income from the endowment may also be used for research fellowships as chosen by a committee chaired by the curator of the Cartoon Research Library.

It is the desire of the donors that this fund should benefit the University in perpetuity. If the need for this fund should cease to exist or so diminish as to provide unused income, then another use shall be designated by the Foundation Board in consultation with the director of Libraries and curator of the Cartoon Research Library in order to carry out the desire of the donors.

\$25,865.63

ACCEPTANCE OF THE GIFT OF REAL PROPERTY

Resolution No. 2002-41

**0.96 ACRES OF UNIMPROVED LAND
RED ROCK BOULEVARD, GROVE CITY, OHIO**

Synopsis: Acceptance of the gift of 0.96 acres of unimproved real property in Grove City, Ohio, is proposed.

WHEREAS M/I Schottenstein, Inc., is the owner of approximately 0.96 acres of unimproved real property located on Red Rock Boulevard in Grove City, Ohio, and desires to make a gift of this property to The Ohio State University; and

WHEREAS this property has an appraised value of \$50,000 and is contiguous to property owned by the University, and the appropriate University offices have determined that acceptance of this gift is in the best interest of the University:

NOW THEREFORE

BE IT RESOLVED, That this property be accepted as a gift to The Ohio State University from M/I Schottenstein, Inc., and that the President and/or Senior Vice President for Business and Finance be authorized to acquire title to this property in the name of the Board of Trustees of The Ohio State University, upon such terms and conditions deemed to be in the best interest of the University.

(See Appendix XIII for background information and map, page 465.)

Upon motion of Ms. Davidson, seconded by Ms. Longaberger, the Board of Trustees adopted the foregoing resolutions by unanimous roll call vote, cast by Messrs. Brennan, Patterson, Sofia, Slane, McFerson, and Judge Duncan, and Mses. Longaberger, Hendricks, and Davidson.

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STUDENT RECOGNITION AWARD

Mr. Shultz:

From time to time the Board of Trustees has the opportunity to put a face on the academic excellence of this University through the Trustee Student Recognition award. Nominated by Dean St. Pierre, from the School of Public Health, we are proud to recognize David Atrubin, a student in the Master of Public Health program specializing in epidemiology. David exemplifies what it means to be a student at The Ohio State University by maintaining a GPA of 3.98, placing him first in his program.

However, David is not only an outstanding student, he is also serving the population of Ohio through his research in the field of agricultural injury and health hazards. This research, with both Dr. Mac Crawford and Dr. Jay Wilkins, has been an attempt to measure the incidents and risk factors for injury among farm kids in central Ohio. This research could help parents make better decisions about what farm tasks they allow their children to perform, and ultimately reduce the burden of fatal and non-fatal injuries in Ohio and in our nation.

David also finds time to serve as a student member on the Board of Preventive Medicine/School of Public Health Alumni Society. He is an avid athlete, participating in ice hockey, tennis, and golf. However, what I found most impressive about David, were the comments he received from his colleagues.

STUDENT RECOGNITION AWARD (contd)

Mr. Shultz: (contd)

Dr. Crawford describes David as curious and diligent, as well as an excellent teacher always unselfish and providing help to other students.

After graduation, David would like to secure a full-time position in a local public health agency putting to work the knowledge and skills he has acquired as an epidemiologist. In the long term, David is interested in pursuing a Ph.D. degree in epidemiology.

David, on behalf of President Kirwan and the Board of Trustees, I wish to congratulate you on your accomplishments, thank you for furthering the reputation of our University, and, finally, wish you the best in all of your goals, as I present to you the Student Recognition Award.

Mr. David L. Atrubin:

I'd like to thank the Board of Trustees for this award. I was actually in Minnesota this past week when I learned of receiving it. I was pretty excited, but my parents had a whole different level of excitement when they learned of the award. I drove back and got in late last night.

I'd definitely like to thank the Board, but also my advisor, Dr. Jay Wilkins, who was not able to make it this morning, and Dr. Mac Crawford. I've had the opportunity to work with them both in the classroom on a research project, for which I served as a graduate research associate, and on my master's thesis, with them both serving as my advisors. It's really been a joy to work with them both. Their sense of humor has always kept the working environment pleasurable. Lastly, I'd like to thank my parents who encouraged me to go back to school after a few years off.

Thank you.

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GRADUATION RATES FOR STUDENT ATHLETES

President William E. Kirwan:

We would like to make a presentation today on a matter that I know has been a great concern to the Board, and that has to do with the academic performance of our student athletes. The Board, myself, and the University community, all feel that it is not acceptable to have outstanding athletic performance by student athletes alone. We must also be a national leader in their academic performance.

Quite frankly, we were not happy with where we were. A couple of years ago several of us came together to talk about all of the good things going on at the University in this regard, but maybe we weren't as coordinated as we should be and maybe we could learn from some best practices elsewhere. I am very pleased with the results that have come forth from the good efforts of Andy Geiger, the Office of Academic Affairs, David Frantz, and others. So we would like to share with the Board some of the steps that have been taken.

We have with us this morning: Martha Garland, vice provost for Undergraduate Education; Kate Riffie, who heads the academic support unit; Andy Geiger, athletic director; and David Frantz, a distinguished academic professor of

GRADUATION RATES FOR STUDENT ATHLETES (contd)

President Kirwan: (contd)

English, who has been working on this matter in coordination between the Athletics Department and the Office of Academic Affairs. Martha --

Dr. Martha M. Garland:

As the President mentioned, we have worked together to develop a new organizational approach to working carefully with the academic success of our undergraduate students. From my perspective, the key feature is that we, with respect to academic performance, have developed a reporting line directly to the Provost so it would be overseen in a direct way.

In putting that into place and implementing it, we asked David Frantz, professor of English, if he would take the responsibility for being the academic liaison to the Department of Athletics. David has been a very active member of the Athletic Council -- the faculty body that works with athletic programs -- over the years, and has worked very vigorously and has a wonderful record with our honors students. He is also one of our most beloved and effective professors.

David and Andy are going to tell you about the arrangements that we have been putting into place, and some of the changes that we think are going to be very beneficial to our student athletes. David --

Professor David O. Frantz:

Thanks, Martha. I don't want to spend a lot of time on statistics, because I think there are other things that are more significant in terms of the changes. The statistics are a road map of where we've been and where we are going.

There are two sheets being handed out to you. The first sheet shows a five-year trend for Ohio State University's graduation rates for all students; graduation rates for aided student athletes; and then breaking it down by men, minority men, football, women, and minority women. The second sheet shows graduation rates for athletes and other students who entered college in 1994 or 1995 in the Big Ten. The other institutions on that sheet are the additional institutions that are our benchmark institutions, and then the bottom two institutions are listed because those are two of the three schools that we visited when we wanted to take a look at practices at other institutions.

I must stress to you what we have here is a snapshot of one class. When you go to get this data from the NCAA or the *Chronicle of Higher Education*, in addition to that one-year snapshot, they will also give you three and four-year averages. So you will always see different figures and there is a good reason for the averaging because some years can be anomalies.

What I do want to tell you about the 1994 cohort is that it is not an anomaly. As we look to the future, we know that we are on this track for next year and the year beyond that, as well. So we are very encouraged by that and very encouraged not only by the overall student athlete rate, but also by the football graduation rate.

What I do want to do is outline very quickly for you a few of the steps that we have taken. I want to begin by emphasizing that what was put in place was a partnership and it wouldn't have worked if the athletic director had not been so committed to our success in this area. One of the interesting, and for me most rewarding, parts of what we are doing is working closely with Andy Geiger. Dr.

GRADUATION RATES FOR STUDENT ATHLETES (contd)

Professor Frantz: (contd)

Kate Riffe and her staff are the ones who actually do all the work and I want to recognize all that she and her staff have done.

Let me give you just a few points of what changes we have made. Several years ago we changed the way in which we measured quarterly accomplishments. When we look at grades, we look not just at grades, but also at hours earned and degree hours earned, because the key is making progress towards graduation.

Another program that has been going on for a number of years now is an outreach program where we reach out to student athletes who did not complete their degrees and try to get them back to finish their work. It is important for you to understand that sometimes we don't get them back in time to fall into that six-year window, which is what you have measured here. But we think it's very important to get them back whenever we can get them.

Within Student Athlete Support Services itself, Kate has done a major reorganization of her staff. There is now an academic resource coordinator. The function of that person is to connect the Student Athlete Support Services group to all of the other entities on campus that can be helpful to us -- the Math Stat lab, the Writing Center, Disability Services, etc. That person is also helping to provide oversight for our tutors and mentors, and devising the new system of training tutors. The SASSO counselors are involved in weekly team meetings and providing weekly status reports on each and every student athlete.

We have had significant changes in the study tables and at the Younkin Success Center itself. This fall we face the best problem we could possibly face -- the Center is overrun with students. That is the kind of problem that you want to have. We are having to hire more proctors and tutors to handle what is going on at the Center.

Coaches are now regularly in the Younkin Success Center seeing what their student athletes are doing. In particular, football has reorganized the way it is doing their study tables. They now have some groups who are in the Center both morning and night.

However, I think the most important step we have taken is one that for the long haul will make the biggest difference. Starting last fall, Andy, Kate, and I did a pre-admissions review of every student athlete to whom we were going to make an offer to come to Ohio State. It was a pre-admissions screening, so when all was said and done, we had only three student athletes who ended up having to go before the Committee on Admissions. Every other student athlete was admitted without even having to be looked at in that process.

Finally, I'd like to say that I'm an English professor, obviously, not a math person. Numbers are important because that is how we're measured, but I don't think we should get wrapped up in statistics. We know the numbers for the years ahead will be even better. But what has really changed is the climate and commitment.

Our job is to take these young people, who do identify themselves primarily as athletes -- aided student athletes, that is how they first think of themselves -- and get them engaged intellectually and help them find what will work for them academically. This is the great challenge. If we do that, we will succeed and succeed at even better rates than we are now. For me, that is the really engaging and wonderful part of this challenging process. Andy --

GRADUATION RATES FOR STUDENT ATHLETES (contd)

Mr. Andy Geiger:

Thank you, David. I'm excited to greet you this morning and talk about this vital interest that we all have in graduation of our student athletes or as I prefer to call it, "education of our student athletes in a total way."

The Student Athlete Support Services Organization, lead by Dr. Kate Riffie, has nine full-time staff, six graduate students who work as mentors for groups of student athletes, plus four additional part-time mentors, a tutorial staff of over 60, and an annual operating budget of \$1.2 million, supported entirely by the athletics program. As Dr. Frantz has pointed out to you, they work on academic progress, which is the most important component of working towards a degree. We have focused too often and too much on grade point average, and not enough on the quality and quantity of the work accomplished towards an identified and defined degree at the University.

They also help students with career development and work on life skills development. We also have an outreach program, which we're very proud of. This is where student athletes that have completed their eligibility at the University -- in terms of athletics, but have not completed a degree -- can come back and work with us to complete that degree.

The Younkin Success Center has meant a great deal. We're proud that the Athletics Department had a great deal to do with making that Center possible for all students on the campus. We're also proud of the fact that it's not attached to or near the Woody Hayes Athletic Center. This is, after all, not the University of the Woody Hayes Athletic Center, but is The Ohio State University. The academic effort for all of our students should be centered on the main campus and as close to the library as we can reasonably get. And the Younkin Success Center is, indeed, its own success.

I want to emphasize that statistics are okay and can give us a sense of how we're doing. We will never bat 100 percent because it's a human endeavor and Ohio State, while a place that we love, cherish, and believe in, is not necessarily for everybody. Some students will not complete their work here, but we will strive for 100 percent -- we will do it one student at a time. Each student is important and his or her progress towards a degree is what Kate and her staff concentrates on.

Climate is extremely important. It is a priority for everybody who works in our Athletics Department to help the young people achieve their dream of athletic success and a degree from this University.

In our hiring processes for coaches, we concentrate very much on the track record that those coaches have had at places they have been prior to coming to Ohio State and the feedback that we get from those that have worked with those individuals. The evaluation process for coaches is as much based upon the achievement of their student athletes off the field as on the field. Their recruiting values are very important to us. As David has outlined, we screen the recruits before they ever go into the admissions process. The evaluation also questions whether the coaches are supportive of the academic mission and understand the marriage that must exist between the athletic and academic enterprises of this institution.

Finally, I want to emphasize again something that David talked about. Collaboration is an incredibly important part of the success in any part of the academic mission of the University. We have marvelous collaboration with the Office of Academic Affairs. The appointment of Dr. Frantz has been a godsend

GRADUATION RATES FOR STUDENT ATHLETES (contd)

Mr. Geiger: (contd)

for us and the communication now that exists among the various constituencies that worry about these things is outstanding. We are able to tap into and use University services to a higher level than we ever have before, and that's really been valuable for our student athletes.

As an identifiable group at the University, the student athletes allow us to be a laboratory model for other efforts that can go on at the University to help us retain students, and graduate our students whether they're student athletes or not. We're proud to be part of that effort. Our Athletic Council has fifteen individuals, eight of whom are members of the faculty, and their interest, zeal, and service in this mission has been very important.

Finally, one of the very important changes that have taken place recently is that the Athletics Department now reports to the Office of the President. The leadership provided by our president, and the enthusiasm and encouragement that he demonstrates for our students has been an inspiration for all of us. So we really appreciate that.

Thank you. We are now available for questions, Mr. President.

President Kirwan:

Mr. Chairman, I would like to say one quick thing. Our distinguished English professor has made it clear that he is not a numbers guy, but I'm a mathematician – a numbers guy. I look at these numbers and remember that a year ago we got a fair amount of publicity in the local media about the graduation rate of our football team. I think it is worth noting on this occasion, the change in the football graduation rate from 2000 to 2001. I hope I'm not overstating, but I think we have a pretty good sense that that number that we see in 2001 is going to be at least that good in 2002.

Dr. Kate Riffe:

That is correct.

Mr. Geiger:

Our intelligence is indicating that.

Professor Frantz:

Let me just say one thing about Kate's program and what we are able to do now. Obviously, this is not a new issue and it's one we've been addressing for some time. But the time lag, in terms of catching up, is enormous. We are now able to be proactive. So that the 1996 cohort is actually a group where we can still change some of those numbers. We have some student athletes here and it is making a plan and making sure that they finish within that six-year window.

We are done with the catch up. Now it is being proactive and working ahead. I think there's no question -- again coming back to climate -- the change is night and day with the support that we are getting in terms of that program and in terms of academic commitment.

Mr. Brennan:

Questions? Dimon --

GRADUATION RATES FOR STUDENT ATHLETES (contd)

Mr. McFerson:

Professor Frantz, I'm a little confused. Listed on the sheet it says, "All aided student athletes." Would you describe what a student athlete is? Some try out for teams and don't make it, some try out for teams and make it, but don't letter, and others letter. What is the definition?

Professor Frantz:

For example, the number of aided student athletes is 100. We have 400 plus students who are aided student athletes right now and we have 800 plus student athletes. So in addition to the aided student athletes, we have another 400 plus that are actively on teams, but they're not on aid. Every student athlete gets our support, but the number that gets counted here are the ones who come in on an athletic grant-in-aid.

Mr. McFerson:

What would the numbers be for the success rates for the non-aided student athletes?

Dr. Riffie:

That is a very good question. Now that we're able to play catch up and get to the point where we are fully aware of our numbers to be proactive, that is one particular statistic that we haven't paid a whole lot of attention to. We are starting to now see how that compares. But those 100 are just the incoming freshman in the 1994 class that were put on any type of athletic grant-in-aid. That's a direction that we're going next – "How does that compare to the other student athletes who are not aided?"

Mr. Brennan:

Does anybody keep the statistics that Dimon asked about? Is that provided by any of the schools?

Professor Frantz:

I think the reason the statistics aren't kept systematically is that the NCAA doesn't measure those. It's not what gets reported.

Mr. Brennan:

Do I understand, Dr. Riffie, that you intend to create such a report in the future?

Dr. Riffie:

Typically what happens with our walk-on student athletes is they tend to be a little bit more transient in and out of teams. So it's more difficult to track an individual who comes out for track because they ran track in seventh grade, they make our team for a quarter, but they never compete so they leave.

Mr. Brennan:

The definition of student athlete is what is going to cause you confusion.

GRADUATION RATES FOR STUDENT ATHLETES (contd)

Dr. Riffe:

Correct. The student athlete is defined as anyone who has appeared on an institution squad list, so a squad list could be a number of people that changes. We get some questions as we do our quarterly grade report, "How does the total number of student athletes from fall quarter differ from the number winter quarter?" The reason is that the number is changing every single day. So it's much more difficult to track. But that is something that we're looking at, now that we have a handle on it.

Mr. Brennan:

I'm a bit old-fashioned, does anybody keep four-year statistics anymore?

Dr. Riffe:

No.

Mr. Brennan:

Any other questions?

Ms. Longaberger:

A comment. I was at commencement last summer on the Oval and was quite impressed that Eddie George, who is a very high profile athlete, would come back to college and actually attend graduation. I wondered what kind of impact it has on your ability to bring students back when they see an Eddie George or Clark Kellogg come back and get a degree. Does it have any impact?

Mr. Geiger:

I think it has quite an impact. One of my favorite stories is the story about Clark Kellogg who came back. Our arrangement for students that come back is that we'll pay your tuition, even if you're a reasonably wealthy person, if you work for 10 hours a week in the Athletics Department. Clark, who is a very visible analyst and public figure in television, handed out socks and other lingerie items in the St. John Arena equipment room 10 hours a week. All of our student athletes that worked and practice in that area had contact with him. We thought that that was the right kind of approach, and we're very pleased with that program – it works well.

President Kirwan:

David, it's been pointed out that members of the audience don't have the data that you handed out, so I hope you will make sure that they receive a copy.

Professor Frantz:

I will do so.

(See Appendix XIV for background information, page 467.)

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October 5, 2001 meeting, Board of Trustees

Thereupon the Board adjourned to meet Friday, November 2, 2001 at The Ohio State University Longaberger Alumni House, Columbus, Ohio.

Attest:

William J. Napier
Secretary

David L. Brennan
Chairman

Impact Statement

August 23, 2001

The Medical Staff Bylaws of The Ohio State University Hospitals are amended to accomplish the following objectives:

- I. Unify terminology and update the bylaws in a comprehensive manner to meet recent accreditation standards.
- II. Modify corrective action provisions to create informal and formal peer review provisions.
 - A. Enhance early resolution of problems
 - B. Streamline process by eliminating the grievance committee
 - C. Delineate clear time frames
- III. Amend hearing and appeal procedures
 - A. Establish clear time frames
 - B. Limit appeals to the hospitals board by eliminating appeals to the President and to the Board of Trustees
 - C. Restrict appeals to the record established by the Medical Staff Administrative Committee
- IV. Control the granting of temporary privileges
- V. Provide for privileging of licensed healthcare professionals
 - A. Establish disciplinary and appeal rights for licensed healthcare professionals
- VI. Update medical staff committees to reflect current activity

3335-43-01 Medical staff name.

The board of trustees of the Ohio state university, by official action on September 13, 1963, established "the Ohio state university hospitals." ~~The board of trustees of the Ohio state university, on November 30, 1979, amended rule 3335-1-03 of the Administrative Code to create a university hospitals board and on April 4, 1980, appointed twelve citizen members and three trustee members to serve on the hospitals board. According to~~ In accordance with Chapters 3335-93-01 to 3335-93-03 of the Administrative Code, the Ohio state university hospitals board designated that has delegated to the medical staff of the Ohio state university hospitals ~~be~~ delegated the responsibility to prepare and recommend adoption of these bylaws. ~~The dean of the college of medicine and public health serves as the chief medical officer of the hospitals and in this capacity is accountable directly to the vice president for health sciences and to the board.~~ "The medical staff of the Ohio state university hospitals" shall be the name of the hospitals' medical staff organization.

3335-43-02 Purpose.

The purpose of the medical staff of the Ohio state university hospitals shall be:

- (A) To strive to maintain ~~exemplary~~ quality standards of patient care for all patients admitted to the Ohio state university hospitals, consistent with an active teaching environment, realizing that the care and treatment of the individual patient is the medical responsibility of the member of the honorary, attending, courtesy, and community affiliate medical staff to whose care the patient is admitted or transferred.
- (B) To support educational and research programs; elevate and advance the educational standards of our ~~profession~~ professions, including, but not limited to, ~~our~~ pre- and post-M.D. students, nurse students, graduate nurse students, students of the allied medical professions, and students of other health professional colleges; and provide research programs to enhance and advance the educational and patient-care programs.
- (C) To provide a means whereby medical problems may be reviewed; policies and procedures discussed; and to provide a means for establishing and maintaining standards of professional, medical and educational performance, organization, and discipline within the medical staff and harmonious cooperation and understanding among the units comprising the Ohio state university hospitals.
- (D) Unchanged.

3335-43-03 Patients.

- (A) The continuous care and treatment of individual patients is the medical responsibility of the member of the honorary, attending, courtesy and community affiliate medical staff to whose care the patient is admitted or transferred within the Ohio state university hospitals and to licensed health care professionals being granted clinical privileges under these bylaws.
- (B) There shall be only one category or classification of patients in the Ohio state university hospitals, and those patients are the private patients of the medical staff under whose care they are admitted. Patients admitted to the Ohio state university hospitals who, at the time of admission, have not requested or selected a member of the medical staff to attend them shall be assigned ~~for their care and treatment~~, by the chief of the appropriate clinical division or department or their designees, to a member of the medical staff for their care and treatment.
- (C) All patients admitted to the Ohio state university hospitals should cooperate and be an integral part of the teaching program of the college of medicine and public health. Should a patient, or on the behalf of the patient, the patient's next of kin, or guardian, refuse to participate or cooperate in the teaching program of the Ohio state university hospitals or the college of medicine and public health, the medical staff member responsible for the care and treatment of the patient will encourage participation in the Ohio state university's teaching programs. Students, including pre- and post-M.D., but not limited thereto, ~~are~~ shall be under the direction and control of the members of the medical staff to whom the patient is assigned

upon admission to the ~~hospital~~ Ohio state university hospitals or transfer within the Ohio state university hospitals' services.

3335-43-04 Membership.

(A) Qualifications.

- (1) Membership on the medical staff of the Ohio state university hospitals is a privilege extended to doctors of medicine, osteopathic medicine, dentistry, and to practitioners of psychology and podiatry who consistently meet the qualifications, standards, and requirements set forth in the bylaws, rules and regulations of the medical staff, the university hospitals board and the board of trustees of the Ohio state university. Membership on the medical staff is available on an equal opportunity basis without regard to race, color, creed, religion, sexual orientation, national origin, sex, age, handicap, or Vietnam-era veteran status. Doctors of medicine, osteopathic medicine, dentistry, and practitioners of psychology and podiatry in faculty and administrative positions who desire medical staff membership shall be subject to the same procedures as all other applicants for the medical staff.
- (2) All members of the medical staff of the Ohio state university hospitals shall, except as specifically provided in these bylaws, be members of the faculty of the Ohio state university college of medicine and public health, or in the case of dentists, of the Ohio state university college of dentistry, and shall, except for members of the limited staff, be duly licensed to practice in the state of Ohio. Members of the limited staff shall possess a valid training certificate, and shall comply with provisions of state law and the regulations of the state medical board. Only those physicians, dentists, and practitioners of psychology and podiatry who can document their education, training, experience, competence, adherence to the ethics of their profession, dedication to educational and research-goals, and ability to work with others with sufficient adequacy to assure the university hospitals board and the board of trustees of the Ohio state university that any patient treated by them at university hospitals will be given the high quality of medical care provided at university hospitals, shall be qualified for membership on the medical staff of the Ohio state university hospitals.

All members of the medical staff will comply with medical staff and the Ohio state university policies regarding employee and medical staff health and safety; uncompensated care; and will comply with appropriate administrative directives and policies to avoid disrupting those operations of the Ohio state university hospitals which adversely impact overall patient care or which adversely impact the ability of the Ohio state university hospitals employees or staff to effectively and efficiently fulfill their responsibilities. All members of the medical staff will comply with policies adopted by the medical staff administrative committee, including but not limited to policies on disruptive behavior, conflict of interest, and access and communication guidelines.

- (3) Unchanged.
- (4) Exclusion of any medical staff member or licensed health care professional from participation in any federal or state government program or suspension from participation, in whole or part, in any federal or state government reimbursement program, shall result in immediate termination of membership on the medical staff of the Ohio state university hospitals and the immediate termination of clinical privileges at the Ohio state university hospitals as of the effective date of the exclusion or suspension. If the medical staff member's or licensed health care professional's participation in these programs is fully reinstated, the affected medical staff member or licensed health care professional shall be eligible to apply for membership and clinical privileges at that time. It shall be the duty of all medical staff members and licensed health care professionals to promptly inform the medical director of any action taken, or the initiation of any process which could lead to such action taken by any of these programs.

(4)

(5) An applicant for membership shall at the time of appointment or reappointment, be and remain board certified in a medical specialty approved by the American medical association and American board of medical specialties, or other applicable certifying boards for doctors of osteopathy, podiatry, psychology, and dentistry. An applicant who is an active candidate for board certification at the time of initial appointment or reappointment shall have three years from the date eligibility was first attained to become board certified. Board certification is a continuing requirement. Whenever recertification is required by a sub-specialty board approved herein, applicants for appointment or reappointment shall meet the terms of recertification established by their respective sub-specialty board or boards. Failure to meet or maintain board certification ~~will~~ shall result in immediate termination ~~from~~ of membership on the medical staff of the Ohio state university hospitals. This requirement may be waived by action of the medical staff administrative committee, upon the recommendation of the credentials committee or the medical director of ~~OSU~~ the Ohio state university hospitals, or as specifically provided in these bylaws.

(6) Any medical staff member whose membership has been terminated pursuant to paragraphs (A)(4) or (A)(5) of this rule shall be entitled to request a hearing and appeal in accordance with rule 3335-43-06 of the Administrative Code. Any licensed health care professional whose clinical privileges have been terminated pursuant to paragraph (A)(4) of this rule may request an appeal in accordance with paragraph (F)(6)(j) of rule 3335-43-07 of the Administrative Code.

(B) Application for membership.

Initial application for medical staff membership for all categories of the medical staff except community affiliate staff shall be made by the applicant to the chief of the clinical department on forms prescribed by the medical staff administrative committee stating the qualifications and references of the applicant and giving an account of the applicant's current licensure, relevant professional training and experience, current competence and ability to perform the clinical privileges requested. All applicants for initial appointment to the community affiliate staff shall be made to the medical director. All applications for appointment must specify the clinical privileges requested. Applications may be made only if the applicant meets the qualifications ~~are fulfilled as~~ outlined in paragraph (A) of this rule. ~~‡~~ The application shall include written statements of the applicant to abide by the bylaws, rules and regulations of the medical staff, the university hospitals board, and the board of trustees of the Ohio state university. The application shall also contain a statement acknowledging that membership on the medical staff requires participation in the peer review process of evaluating credentials, medical staff membership and clinical privileges, and that a condition for membership requires mutual covenants between all members of the medical staff to release one another from civil liability in this review process as long as the peer review is not conducted in bad faith, with malice, or without reasonable effort to ascertain the accuracy of information being disclosed or relied upon. In addition for community affiliate staff in order to optimize the clinical organization resource utilization and planning of the Ohio state university hospitals, the medical director may require that the community affiliate staff member identify categories of diagnosis, extent of anticipated patient activity, and service areas to be utilized and may prepare a statement of participation for the applicant which shall be made a part of the application for appointment. A separate record shall be maintained for each applicant requesting appointment to the medical staff.

(C) Terms of appointment.

Initial appointment to the medical staff, ~~will~~ shall be for a period extending to the end of the fiscal year (first of July through thirtieth of June). Reappointment to the medical staff shall be done on a regular basis for a period not to exceed twenty-four months. Initial ~~appointments~~ appointment, ~~except for appointment to the honorary and or limited medical staff categories,~~ will ~~shall~~ be provisional for six months regardless of the date of the appointment. During the period of the provisional appointment all applicants ~~are~~ shall be subject to continuous review and reconsideration pursuant to these ~~medical staff~~ bylaws. Following the six-month period if no adverse action has been taken the appointment shall no longer be provisional.

(D) Unchanged.

(E) Procedure for appointment.

(1) The written and signed application for membership on the medical staff shall be presented to the applicable chief of the clinical department, or in the case of community affiliate staff, to the medical director. The applicant shall include in the application a signed statement indicating the following:

(a) that if ~~If~~ the applicant should be accepted to membership on the medical staff, ~~he or she~~ the applicant agrees to be governed by the bylaws, rules and regulations of the medical staff, the university hospitals board and the board of trustees of the Ohio state university.

(b) Signing the application also constitutes a consent ~~The applicant consents to be interviewed in regard to the application.~~

(c) The applicant authorizes the Ohio state university hospitals to consult with members of the medical staffs of other hospitals with which the applicant has been or has attempted to be associated, and with others who may have information bearing on the applicant's competence, character and ethical qualifications.

(d) The applicant ~~also~~ consents to the Ohio state university hospitals' inspection of all records and documents that may be material to the evaluation of the applicant's professional qualifications and competence to carry out the clinical, ~~medical~~ and educational privileges for which the applicant is seeking as well as the applicant's professional ethical qualifications for medical staff membership.

(e) and further ~~The applicant~~ releases from any liability (i) all representatives of university hospitals for acts performed concerning this process in connection with evaluating the applicant's credentials or releasing information to other institutions for the purpose of evaluating the applicant's credentials in compliance with these bylaws performed in good faith and without malice, and (ii) all third parties who provide information, including otherwise privileged and confidential information, to members of the medical staff, the Ohio state university hospitals staff, Ohio state university hospitals board members and members of the Ohio state university board of trustees concerning the applicant's credentials performed in good faith and without malice.

(f) The applicant has an affirmative duty to disclose any prior ~~or termination, voluntary or involuntary,~~ current loss, restriction, denial, or the voluntary or involuntary relinquishment of any of the following: professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

(g) The applicant further agrees to disclose to the medical director of the Ohio state university hospitals the initiation of any process which could lead to such loss or restriction of the applicant's professional licensure, board certification, DEA registration, membership in any professional organization or medical staff membership or privileges at any other hospital or health care facility.

(h) Acceptance ~~The applicant~~ agrees that acceptance of membership on the medical staff of the Ohio state university hospitals authorizes the Ohio state university hospitals to conduct any appropriate health assessment including but not limited to drug or alcohol screens on a practitioner at any time during the normal pursuit of medical staff duties, based upon reasonable cause as determined by the chief of the practitioner's clinical department or the medical director of the Ohio state university hospitals or their authorized ~~designee~~ designees.

(2) The purpose of this the health assessment shall be to ensure that the member of the medical staff is able to fully perform and discharge the clinical, educational, administrative and research responsibilities which the member is permitted to exercise by reason of

medical staff membership. At the time of the initial request for a health assessment, and at any time a medical staff member refuses to participate as needed in a health assessment, including but not limited to a drug or alcohol screening, the chief of the clinical department or the medical director may impose a summary suspension per paragraph (D) of rule 3335-43-05 of the Administrative Code. Upon request of the medical staff administrative committee or university hospitals board, the applicant will document ~~his or her~~ the applicant's physical and mental status with sufficient adequacy to demonstrate that any patient treated by the applicant will receive care of a generally professionally recognized level of quality and efficiency. The conditions of this paragraph shall be deemed continuing and may be applicable to issues of continued good standing as a member of the medical staff.

~~(2)~~

(3) An application for membership on the medical staff shall be considered complete when all the information requested on the application form is provided, ~~and~~ the application is signed by the applicant and the information is verified. A completed application must contain:

(a) Peer recommendation from an individual(s) knowledgeable about the applicant's clinical and professional skills.

(b) Evidence of required immunizations.

(c) Evidence of ~~malpractice insurance~~ current professional liability coverage.

(d) Satisfaction of ECFMG requirements, if applicable.

(e) Verification by primary source documentation of:

(i) Information from all prior and current insurance carriers concerning claims, suits, and settlements, if any;

~~(i)~~

(ii) Current and previous State state licensure-;

~~(ii)~~

(iii) Faculty appointment-;

~~(iii)~~

(iv) DEA registration-;

~~(iv)~~

(v) Graduation from an accredited medical school.

~~(v)~~

(vi) Successful completion or record of post M.D. graduate medical education-; and

~~(vi)~~

(vii) Board certification or active candidacy for board certification.

(f) Information from the national practitioner data bank and AMA master file.

(g) Verification that the applicant has not been excluded from any federally funded health care program.

(4) ~~Each~~ The chief of a the applicable clinical department ~~will~~ shall be responsible for investigating and verifying the character, qualifications, and professional standing of the applicant by making inquiry of the primary source of such information and shall within sixty days of receipt of the signed application, submit a report of those findings

along with a recommendation on membership and clinical privileges to the medical director of the Ohio state university hospitals.

- (5) The medical director shall receive all initial signed and verified applications from the chief of the clinical department and shall make an initial determination as to whether the application is complete.

The medical director ~~will~~ shall forward all complete applications to the credentials committee. The applicant shall have the burden of producing information for an adequate evaluation of applicant's qualifications for membership and for the clinical privileges requested. ~~Failure of~~ If the applicant fails to complete the prescribed forms or fails to provide the information requested within the sixty-day period for approval ~~shall be grounds for denial of the application~~ sixty days of receipt of the signed application, processing of the application shall cease and the application shall be deemed to have been voluntarily withdrawn which action is not subject to hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code.

~~If a completed appointment application does not receive the report and recommendation by the chief of the applicable clinical department does not submit a report and recommendation on a timely basis, it~~ the completed application shall be forwarded to the medical director for presentation to the credentials committee on the same basis as other applicants. This action shall continue the applicant's status and privileges, if any, and creates no vested rights for the duration of the appointment period, only until such time as the processing of the application is concluded.

- (6) Completed applications ~~will~~ shall be acted upon as follows:

- (a) ~~Thirty days for review by~~ By the credentials committee within thirty days after receipt of a completed application from the medical director.
- (b) ~~Thirty days for review by~~ By the medical staff administrative committee within sixty days after receipt of a completed application and the report and recommendation of the credentials committee.
- (c) ~~Sixty days for review by~~ By the university hospitals board within sixty days after receipt of a completed application and the report and recommendation of the medical staff administrative committee.

All applications shall be acted upon by the Ohio state university hospitals board within one hundred ~~twenty~~ fifty days of receipt of a ~~complete~~ completed application. These time periods are deemed guidelines only and do not create any right to have an application processed within these precise periods. These periods may be stayed or altered pending receipt and verification of further information requested from the applicant, or if the application is deemed incomplete at any time. If the procedural rights specified in rule 3335-43-06 of the Administrative Code are activated, the time requirements provided therein govern the continued processing of the application.

~~(3)~~

- (7) The credentials committee shall review the application, evaluate and verify the supporting documentation, references, licensure, the chief of the clinical ~~departments~~ department's report and recommendation, and other relevant information. The credentials committee shall ~~access primary sources including but not limited to the AMA master file, national practitioner data bank, and the respective specialty and sub-specialty certification boards. The credentials committee shall review all aspects of the application for membership qualifications and for clinical privileges. The award or denial of clinical privileges shall be based on the ability of the applicant to properly perform the privileges and functions requested~~ examine the character, professional competence, qualifications and ethical standing of the applicant and shall determine, through information contained in personal references and from other sources available to the credentials committee, including an appraisal from the chief of the clinical department in which clinical privileges are sought, whether the applicant has

established and meets all of the necessary qualifications for the category of medical staff membership and clinical privileges requested.

The credentials committee shall, within ~~sixty~~ thirty days from receipt of a complete application, make a recommendation to the medical director that the application be accepted, rejected, or modified. The medical director ~~will~~ shall forward the recommendation of the credentials committee to the medical staff administrative committee ~~for final action within the medical staff.~~ The credentials committee or the medical director may recommend to the medical staff administrative committee that certain applications for appointment be reviewed in executive session. ~~The final action recommendation~~ of the medical staff administrative committee regarding an appointment decision will shall be made within sixty days of receipt of the credentials committee recommendation and ~~will~~ shall be communicated by the medical director, along with the recommendation of the medical director to the professional affairs, research and education committee of the university hospitals board, and thereafter to the university hospitals board. ~~The~~ When the Ohio state university hospitals board shall make their recommendation to the board of trustees of the Ohio state university within sixty days of the receipt of the recommendation of the medical staff administrative committee and will be communicated through the president of the Ohio state university has acted, the chairperson of the board shall instruct the medical director to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division. The chairperson of the board shall also notify the dean of the college of medicine and public health and the executive director of the Ohio state university hospitals of the decision of the board.

(4)

- ~~(8) Upon receipt of a recommendation for non-appointment by the credentials committee, or at~~ At any time the medical staff administrative committee first recommends non-appointment of an initial applicant for medical staff membership or recommends denial of any clinical privileges requested by the applicant, the medical staff administrative committee shall require the medical director to notify the applicant by certified return receipt mail that the applicant may request an evidentiary hearing as provided in paragraph (D) of rule 3335-43-06 of the Administrative Code. The applicant shall be notified of the requirement to request a hearing as provided by paragraph (B) of rule 3335-43-06 of the Administrative Code. If a hearing is properly requested, the applicant will shall be subject to the rights and responsibilities of rule 3335-43-06 of the Administrative Code. If an applicant fails to properly request a hearing, the medical staff administrative committee shall accept, reject, or modify the application for appointment to membership and clinical privileges.

~~Following receipt of the written report and recommendation together with the transcript of the hearing and all other documentation provided by the parties to the hearing committee, the medical staff administrative committee shall accept, reject, or modify the application for membership and clinical privileges. The medical staff administrative committee may request additional information, may remand the matter back to the hearing committee, or may take any action it deems necessary to render its decision. The applicant shall exercise only those privileges applied for and granted, if any, by the medical staff administrative committee and the university hospitals board during the pendency of the application process.~~

~~The decision~~ final recommendation of the medical staff administrative committee shall be directly communicated to the university hospitals board by the medical director, who shall make a separate recommendation to the university hospitals board.

~~The~~ When the Ohio state university hospitals board shall make their recommendation to the board of trustees of the Ohio state university by communicating through the president of the Ohio state university.

~~When the board of trustees of the Ohio state university has acted, the secretary chairperson of the board shall inform~~ instruct the medical director to transmit the final decision to the chief of the clinical department ~~to transmit the decision to the and~~ applicant and, if appropriate, to the ~~chief director~~ of the applicable clinical division. The ~~secretary chairperson~~ of the board shall also notify the ~~senior vice president for health sciences and dean of the college of medicine and public health, the medical director and the executive director of the Ohio state university hospitals of the decision of the board.~~

(F) Procedure for reappointment.

- (1) At least one hundred eighty days prior to the end of the fiscal year, or the end of the biennial period, the ~~medical director~~ chief of the clinical department shall provide each medical staff member with an application for reappointment to the medical staff on forms prescribed by the medical staff administrative committee. The reappointment application shall include all information necessary to update and evaluate the qualifications of the medical staff member. The chief of the clinical department shall review the information available on each medical staff member, and the chief of the clinical department shall make recommendations regarding reappointment to the medical staff and ~~for granting of~~ clinical privileges for the ensuing biennial period. ~~Those recommendations~~ The chief of the clinical department's recommendation shall be transmitted in writing along with the signed and completed reappointment forms to the medical director at least ninety days prior to the end of the fiscal year or biennial period. The terms of paragraphs (A), (B), ~~(C), (D), and (E)(1) and (E)(2)~~ of this rule shall apply to all applicants for reappointment. An application for reappointment must be submitted by a medical staff member following a leave of absence from the medical staff ~~and/or~~ from the faculty. Only completed applications for reappointment ~~will~~ shall be considered by the credentials committee. An application for reappointment is complete when all the information requested on the reappointment application form is provided, ~~and the reappointment form is signed by the applicant, and the information is verified.~~ A completed reappointment application form must contain:

- (a) Peer recommendation from an individual(s) knowledgeable about the applicant's clinical and professional skills when sufficient information concerning the applicant is not available within the clinical department.
- (b) Evidence of required immunizations.
- (c) Evidence of ~~malpractice~~ current professional liability insurance.
- (d) Satisfaction of ECFMG requirements, if applicable.
- (e) Verification of primary source documentation of:
 - ~~(i)~~ (i) Information from all prior and current insurance carriers concerning claims, suits, and settlements, if any;
 - ~~(ii)~~ (ii) State licensure-;
 - ~~(iii)~~ (iii) Faculty appointment-;
 - ~~(iv)~~ (iv) DEA registration-;
 - ~~(v)~~ (v) Successful completion or record of additional post M.D. graduate medical education-;

- ~~(vi) Continuing medical education and applicable continuing professional education activities. Documentation of category I CME and that at least in part of which education relates to the individual medical staff member's specialty or sub-specialty area and are consistent with the licensing requirements of the applicable Ohio state licensing board shall be required; and~~
 - ~~(v)~~
 - ~~(vii) Board certification, re-certification, or continued active candidacy for certification.~~
 - (f) Information from the national practitioner data bank and AMA master file.
 - (g) Verification that the applicant has not been excluded from any federally funded health care program.
 - (h) Specific requests for any changes in clinical privileges sought on reappointment with supporting documentation.
 - (i) Specific requests for any changes in medical staff category.
 - (j) A summary of the member's clinical activity during the previous appointment period.
 - (k) Patterns of care as demonstrated through quality assurance records.
- (2) ~~The basis on which the chiefs of the departments are to act concerning the reappointment of a medical staff member and the clinical privileges to be granted upon such—The member for reappointment shall be a required to submit any reasonable evidence of current ability to perform the clinical privileges requested. The chief of the clinical department shall review and evaluate the reappointment application and the supporting documentation. The chief of the clinical department shall evaluate all matters relevant to recommendation, including the member's professional competence; clinical judgment; source verification of the applicant's quality assurance record clinical or technical skills; ethical conduct; participation in medical staff affairs; compliance with the bylaws, rules and regulations of the medical staff, the university hospitals board, and the board of trustees of the Ohio state university; cooperation with the Ohio state university hospitals' personnel and the use of the Ohio state university hospitals' facilities for patients; relations with other physicians, other health professionals or other staff, and maintenance of a professional attitude toward patients; and the responsibility to the Ohio state university hospitals and the public.~~
- (3) The medical director shall forward the reappointment forms and the recommendations of the chief of the clinical department to the credentials committee. The credentials committee shall review the request for reappointment in the same manner, and with the same authority as an original application for medical staff membership. The credentials committee shall review all aspects of the ~~reapplication~~ reappointment application including source verification of the ~~applicant's~~ member's quality assurance record for continuing membership qualifications and for clinical privileges. The credentials committee shall review each ~~applicant's quality assurance record~~ member's performance-based profile to ~~see~~ ensure that the same level of quality of care is delivered by all medical staff members with similar delineated clinical privileges across all clinical departments and across all categories of medical staff membership.

The credentials committee ~~will~~ shall forward its recommendations to the medical director at least thirty days prior to the end of the period of appointment. The medical director ~~will~~ shall transmit the completed reappointment ~~request~~ application and the recommendation of the credentials committee to the medical staff administrative committee ~~for final action within the medical staff.~~

Failure of the member, without good cause, to submit a reappointment ~~forms~~ application shall be deemed a voluntary resignation from the medical staff and shall result in automatic termination of membership and all clinical privileges, which action shall not be subject to a hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code. A

medical staff member whose membership is automatically terminated may apply to the credentials committee for a hearing, for the sole purpose of determining whether the failure to seek reappointment was excusable or whether the request for ~~reapplication~~ reappointment should be processed. The recommendation of the credentials committee regarding such automatic termination shall be presented to the medical staff administrative committee by the medical director. ~~A request for reappointment subsequently received from a member who has been automatically terminated shall be processed as provided in this section.~~ The decision of the medical staff administrative committee shall be final and such action shall not be subject to a hearing or appeal pursuant to rule 3335-43-06 of the Administrative Code. A request for reappointment subsequently received from a member who has been automatically terminated shall be processed as a new appointment.

Failure of the chief of the clinical department to act timely on an application for reappointment shall be ~~handled~~ the same as provided in paragraph (E)~~(2)~~(5) of this rule.

- (4) The medical staff administrative committee shall review each request for reappointment in the same manner and with the same authority as an original application for medical staff membership. The medical staff administrative committee shall accept, reject, or modify the request for reappointment in the same manner and with the same authority as an original application for medical staff membership. The recommendation of the medical staff administrative committee regarding reappointment of a member shall be communicated by the medical director, along with the recommendation of the medical director, to the professional affairs, research, and education committee of the university hospitals board, and thereafter to the university hospitals board. When the Ohio state university hospitals board has acted, the chairperson of the board shall instruct the medical director to transmit the final decision to the chief of the clinical department and applicant and, if appropriate, to the director of the applicable clinical division. The chairperson of the board shall also notify the dean of the college of medicine and public health and the executive director of the Ohio state university hospitals of the decision of the board.
- (5) When the decision of the medical staff administrative committee results in a decision of non-reappointment or adverse change in clinical privileges, ~~they the medical staff administrative committee~~ they the medical staff administrative committee shall instruct the ~~senior vice president for health sciences and dean of the college of medicine and public health~~ medical director to give written notice to the affected member of the decision, the stated reason for the decision, and the member's right to a hearing pursuant to paragraphs (A) and (B) of rule 3335-43-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative appeal process shall occur prior to ~~the imposition of the proposed penalties an adverse decision~~ an adverse decision unless the emergency provisions outlined in paragraph (D) of rule 3335-43-05 of the Administrative Code apply. The notice by the ~~senior vice president and dean~~ medical director shall be sent certified return receipt mail to the affected member's last known address as determined by the Ohio state university records.
- ~~(5)~~
- (6) If the affected member of the medical staff does not make a written request for a hearing to the medical director within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any ~~review by the medical staff administrative committee~~ hearing or appeal as provided in rule 3335-43-06 of the Administrative Code to which the staff member might otherwise have been entitled on the matter.
- ~~(6)~~
- (7) If a timely, written request for hearing is made, the procedures set forth in rule 3335-43-06 of the Administrative Code shall apply.
- ~~(7)~~
- (7) ~~The final action of the medical staff administrative committee regarding a reappointment decision will be communicated by the medical director, along with the recommendation of the medical director, to the professional affairs, research, and education committee of the university hospitals board, and thereafter to the university hospitals board. The university hospitals board shall make their recommendation to the board of trustees of the Ohio~~

~~state university by communicating through the president of the Ohio state university. (B/T 9/1/99, B/T 10/1/99, B/T 10/5/2001)~~

3335-43-05 ~~Corrective~~ Peer review and corrective action.

(A) ~~Procedures~~ Informal review.

All medical staff members agree to cooperate in review activities that are solely intended to improve the quality of medical care provided to patients at the Ohio state university hospitals and by the individual medical staff member. Such activities may include the handling and informal review of complaints, including patient complaints, disagreements, questions of clinical competence, or conduct and variation in clinical practice identified by the clinical departments or divisions and medical staff committees. The resulting information from such activities shall be furnished to the applicable chief of the clinical department. Upon review by the clinical department chief, and with concurrence of the medical director, the review activity may result in consultation with the medical staff member, recommendations for educational actions or additional training, sharing of comparative data, monitoring, informal letters of reprimand or warning or other methods of guidance to the medical staff member to assist them in improving the quality of patient care outside of the mechanism for formal review in paragraph (B) of this rule. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing. In each case under review, an initial written determination shall be made by the clinical department chief and the medical director whether:

- (1) The complaint warrants no further action;
- (2) Informal review under this paragraph is warranted; or
- (3) Peer review under paragraph (B) of this rule is warranted. In cases where the clinical department chief and medical director cannot agree, the matter shall be submitted and determined as set forth in paragraph (B) of this rule. The chief of the clinical department and the medical director shall determine whether it is appropriate to include documentation of such actions in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the member's file.

(B) Peer review.

- (1) Peer review may be requested in more serious situations or where informal review has not resolved an issue or ~~Whenever~~ whenever the activities or professional conduct of a member of the medical staff of the Ohio state university hospitals:
 - (a) ~~violates~~ Violates the standards or aims of the medical staff or standards of professional conduct;
 - (b) ~~is~~ Is considered to be disruptive to the operation of the Ohio state university hospitals;
 - (c) ~~violates~~ Violates the bylaws, rules and regulations of the medical staff, the Ohio state university hospitals board, or the board of trustees of the Ohio state university;
 - (d) ~~or~~ Violates the state or federal law; or
 - (e) Is detrimental to patient safety or to the delivery of patient care within the Ohio state university hospitals.

~~corrective action against such a medical staff member may be initiated by a chief of a clinical division or~~ Peer review may be initiated by a chief of a clinical department, the medical director, an officer or any member of the medical staff, the executive director of the Ohio state university hospitals, the dean of the college of medicine and public health, any member of the board of the Ohio state university hospitals, or the vice president for

~~health sciences, the president of the Ohio state university, and any member of the board of trustees of the Ohio state university services.~~ All requests for ~~corrective action~~ peer review shall be in writing, shall be submitted to the ~~dean of the college of medicine and public health~~ medical director, and shall be supported by reference to the specific activities or conduct which constitute grounds for the requested action.

- (2) ~~The dean of the college of medicine and public health~~ medical director shall promptly notify the affected member of the medical staff, in a confidential manner, that a request for ~~corrective action~~ peer review has been made, and inform the member of the specific activities or conduct which constitutes grounds for the requested action. ~~The dean~~ medical director ~~shall investigate the matter in whatever manner the dean deems appropriate~~ verify the facts related to the request for peer review, and within thirty days, make a written determination. ~~If the medical director decides that no further action is warranted, the medical director shall notify the person(s) who filed the request for peer review and the member accused, in writing, that no further action would be taken.~~
- (3) Whenever the ~~dean~~ medical director determines that ~~further action~~ peer review is warranted and that ~~corrective action could result, which action could involve a reduction, suspension or revocation of clinical privileges could result,~~ the ~~dean~~ medical director shall refer the ~~requests~~ request for peer review to the ~~chief of the clinical department in which the staff member has clinical privileges, who shall impanel the investigation committee.~~ ~~If the chief of the clinical department is the staff member charged, or has initiated the corrective action, the dean shall designate a physician member of the dean's administrative staff to fulfill the functions herein specified for said chief~~ peer review committee. The affected member of the medical staff shall be notified of the referral to the ~~investigation~~ peer review committee, and be informed that these medical staff bylaws ~~will~~ shall govern all further proceedings. ~~The dean~~ senior vice president for health sciences or designee shall ~~designate a physician member of the dean's administrative staff to exercise any or all duties or responsibilities assigned to the dean~~ medical director under these rules for implementing corrective action and appellate procedure only if:
- (a) The ~~dean~~ medical director is the medical staff member charged;
 - (b) The ~~dean~~ medical director is responsible for having the charges brought against another medical staff member; or
 - (c) There is an obvious conflict of interest.

~~If the dean decides that no further action is warranted, the dean will notify the person(s) who filed the request for corrective action and the member accused, in writing, that no further action will be taken.~~

- ~~(3)~~
- (4) ~~The investigation~~ peer review committee ~~will~~ shall investigate the ~~every~~ request for ~~corrective action~~ and shall report in writing within ~~two weeks~~ thirty days its findings and recommendations for action to the chief of the clinical department ~~or the dean's designee.~~ ~~The chief of the clinical department or the dean's designee will forward a separate recommendation and the findings and recommendations of the investigation committee to the dean of the college of medicine and public health.~~ In making its recommendation the peer review committee may consider as appropriate, relevant literature and clinical practice guidelines, all the opinions and views expressed throughout the review process, and any information or explanations provided by the member under review. Prior to making ~~such a~~ its report ~~to the dean,~~ the medical staff member against whom the ~~corrective~~ action has been requested shall ~~have~~ be afforded an opportunity to for an interview with the chief of the clinical department or the dean's designee peer review committee. At such interview, the medical staff member shall be informed of the specific activities alleged to constitute grounds for ~~corrective action~~ peer review, and ~~of the specific evidence which the investigation committee and the chief of the clinical department or the dean's designee have discovered which is material to the charge.~~ ~~The medical staff member shall be invited~~ afforded the opportunity to discuss, explain or refute the charge or the evidence thus far adduced allegations against the medical staff

member. The medical staff member may furnish written or oral information to the chief peer review committee at this time. However, such interview shall not constitute a hearing, but shall be investigative in nature. The medical staff member shall not be represented by an attorney at this interview.

~~(4)~~

~~(5) Following Upon receipt by the dean of the college of medicine and public health of the written report from the investigation peer review committee, and the chief of the clinical department, the dean shall, within seven days, decide whether the grounds for the requested corrective action are such as could involve a reduction, suspension or revocation of clinical privileges. If the dean decides that the grounds are not substantiated, the dean will notify the investigation committee; chief of the clinical department; person(s) who filed the charge; and the medical staff member affected, in writing, that no further action will be taken. If the dean decides that the grounds for corrective action are substantiated, the dean shall notify the chief of staff to impanel a grievance committee of the medical staff as outlined in paragraph (C) of this rule. The affected member of the medical staff shall be promptly notified by the dean and permitted to make an appearance before the grievance committee of the medical staff. The rules of conduct of the meeting shall be as outlined in paragraph (C) of this rule. The grievance committee will forward its findings and recommendations for action to the dean of the college of medicine and public health, medical director, chief of staff and the accused member of the medical staff make his or her own written determination and forward that determination along with the findings and recommendations of the peer review committee to the medical director, or if required by paragraph (B)(3) of this rule, to the senior vice president for health sciences or designee.~~

~~(5)~~

~~(6) Following receipt by the dean of the college of medicine and public health of the report recommendation from the grievance committee, the dean clinical department chief and the report from the peer review committee, the medical director, or the senior vice president for health sciences or designee, shall have ten days to approve or to modify the determination of the clinical department chief. Following receipt of the report of clinical department chief, the medical director or senior vice president for health sciences or designee shall decide whether the grounds for the requested corrective action are such as could involve should result in a reduction, suspension or revocation of clinical privileges. If the dean medical director, or senior vice president for health sciences or designee, decides the grounds are not substantiated, the dean medical director will notify the grievance peer review committee; clinical department chief; the person(s) who filed the charge complaint and the affected medical staff member, affected in writing, that no further action will be taken.~~

In the event the dean medical director or senior vice president for health sciences or designee finds the grounds for the requested corrective action are substantiated, the dean may accept, reject or modify the corrective action recommended by the grievance committee and medical director shall promptly notify the affected medical staff member of that decision and of the affected medical staff member's appeal rights right to request a hearing before the medical staff administrative committee pursuant to rule 3335-43-06 of the Administrative Code. The written notice shall also include a statement that the medical staff member's failure to request a hearing in the timeframe prescribed in rule 3335-43-06 of the Administrative Code shall constitute a waiver of rights to a hearing and to an appeal on the matter; a statement that the affected medical staff member shall have the procedural rights found in rule 3335-43-06 of the Administrative Code; and a copy of the rule 3335-43-06 of the Administrative Code. This notification and an opportunity to exhaust the administrative hearing and appeal process shall occur prior to the imposition of the proposed penalties corrective action unless the emergency provisions outlined in paragraph (D) of this rule apply. This written notice by the dean medical director shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by university records.

- ~~(6)~~
(7) If the affected member of the medical staff does not make a written request for a hearing to the medical director within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter.

- ~~(7)~~
(8) If a timely, written request for hearing is made, the procedures set forth in rule 3335-43-06 of the Administrative Code shall apply.

~~(B)~~

(C) Composition of ~~investigation~~ peer review committee.

- (1) ~~At the beginning of the fiscal year, the chief of~~ When the determination that peer review is warranted is made, the clinical department chief shall select ~~four~~ three members of the department medical staff to serve on the ~~standing investigation~~ a peer review committee of the department. ~~Three members shall be designated permanent members and one shall serve as an alternate.~~
- (2) ~~The investigation committee, when called into session by~~ Whenever the questions raised concern the clinical competence of the member under review, the chief of the clinical department chief, shall consist of three select members of the medical staff to serve on the peer review committee who shall have similar levels of training and qualifications as the member who is subject to peer review. ~~The alternate shall attend all meetings. When necessary, additional alternates may be selected.~~
- (3) An outside review consultant may serve as a member of the peer review whenever:
- (a) A determination is made by the chief of the clinical department and the medical director that the clinical expertise needed to conduct the review is not available on the medical staff;
- (b) The objectivity of the review may be compromised due to economic considerations;
or
- (c) Whenever the medical director determines that an outside review is otherwise advisable.

If an outside reviewer is recommended, the chief of the clinical department shall make a written recommendation to the medical director for selection of an outside reviewer. The medical director shall make the final selection of an outside reviewer.

~~(C) Composition of grievance committee.~~

- (1) ~~At the first meeting of the medical staff, during the fall quarter of each academic year, the chief of the medical staff shall submit, for approval by the staff, the names of thirty members of the staff (who shall not be members of the medical staff administrative committee) whom the chief of staff has chosen as being appropriate to sit on the grievance committee when they are selected, by lot, to do so.~~
- (2) ~~The grievance committee, when called into session by the chief of staff, shall consist of five members of the staff whose names have been chosen by lot from the thirty chosen.~~
- ~~No person shall be eligible for selection to serve on two successive grievance committees. The chief of the medical staff shall have authority to rule upon alleged conflicts of interest or disqualifications involving grievance committee members.~~
- (3) ~~Each grievance committee shall choose from among its number a chairperson who shall preside over it and, with the advice and consent of the committee, speak for it, during the hearing, rule on the matters relevant to its proceedings, and arrange for the conduct of~~

~~the committee's administration. All grievance committee members shall be required to hear all evidence presented. Any recommendation that involves a reduction, suspension, or revocation of clinical privileges may be by majority decision of the committee. If circumstances make attendance by a member of the grievance committee at a hearing impossible, or require an excessive postponement, the chief of staff shall order the remaining four to act upon a clear majority of the remaining four, or shall immediately select a new grievance committee. If more than one member cannot hear all the evidence, a new committee shall be composed.~~

- ~~(4) The affected medical staff member shall have the right to personally appear before the grievance committee, to cross-examine witnesses, and to submit to the grievance committee written evidence and memoranda relevant to the issues. The staff member shall be fully apprised of all allegations and all evidence known to the grievance committee, and shall be entitled to discuss, explain and refute all evidence adduced against the member. The affected medical staff member shall not be represented by an attorney before the grievance committee.~~

(D) Summary suspension.

- (1) Notwithstanding the provisions of this rule, a member of the medical staff shall have all or any portion of his or her clinical privileges suspended by the ~~dean of the college of medicine and public health~~, the medical director, or the chief of the member's clinical department whenever such action must be taken immediately in the best interest of patient care. Such summary suspension shall become effective immediately upon imposition and the medical staff member ~~will~~ shall be subsequently notified in writing of the suspension by the ~~dean of the college of medicine and public health~~ medical director. Such notice shall be issued by certified return mail to the affected medical staff member's last known address as determined by university records.
- (2) A medical staff member whose privileges have been summarily suspended shall be entitled to a hearing and appeal of the suspension pursuant to rule 3335-43-06 of the Administrative Code. If the affected member of the medical staff does not make a written request for a hearing to the medical director within thirty-one days after receipt of the adverse decision, it shall be deemed a waiver of the right to any review by the medical staff administrative committee to which the staff member might otherwise have been entitled on the matter. If a timely, written request for a hearing is made, the procedures of rule 3335-43-06 of the Administrative Code shall apply.
- (3) Immediately upon the imposition of a summary suspension, ~~the dean of the college of medicine and public health~~, the medical director, or the appropriate chief of a clinical department shall have the authority to provide for alternative medical coverage for the patients of the suspended medical staff member who remain in the ~~hospital~~ Ohio state university hospitals at the time of suspension. The wishes of the patient shall be considered in the selection of such alternative medical coverage. While a summary suspension is in effect, the member of the medical staff is ineligible for reappointment to the medical staff. Medical staff and hospital administrative duties and prerogatives are suspended during the summary suspension.

(E) Automatic suspension.

- (1) Notwithstanding the provisions of this rule, a temporary suspension in the form of withdrawal of a medical staff member's admitting privileges, effective until medical records are completed, may be imposed automatically by the medical director after a warning, in writing, of delinquency for failure to complete medical records as defined by the rules and regulations of the medical staff. The medical director shall notify the executive director of the Ohio state university hospitals of the action taken.
- (2) Action by the Ohio state boards of licensure revoking or suspending a medical staff member's license or placing the member upon probation ~~will~~ shall automatically impose the same restrictions to that member's Ohio state university hospitals' privileges.

(F) Reporting responsibility.

~~When the dean, the medical staff administrative committee, or the hospitals board determines or learns that a decision on corrective action has become final within the terms of this rule or rule 3335-43-06 of the Administrative Code, they shall instruct is taken which constitutes a "formal disciplinary action" as may be defined in Ohio state law, or as may be required to be reported pursuant to federal law, including the health care quality improvement act, the medical director to shall make a report of said action as may be required for in order to maintain compliance with applicable state and or federal law or regulations, including the provisions of the national practitioner data bank. The medical director shall amend such reports as may be required to reflect subsequent actions taken under the hearing and appeal rights afforded in these bylaws.~~

When applicable, any recommendations or actions that are the result of a review or hearing and appeal shall be monitored by the medical director on an ongoing basis through the Ohio state university hospitals' quality management activities.

3335-43-06 ~~Hearing and appellate review procedure~~ appeal process.

(A) ~~Right to hearing before the medical staff administrative committee and to appellate review an~~ appeal.

(1) ~~When a member of the medical staff who has exhausted all remedies under paragraphs (E) and (F) of rule 3335-43-04 of the Administrative Code on appointment or reappointments; or under rule 3335-43-05 of the Administrative Code for corrective action; or who has been summarily or automatically suspended under paragraph (D) or (E) of rule 3335-43-05 of the Administrative Code; or who receives notice of a proposed action by the dean of the college of medicine and public health or the medical director that will adversely affect membership on the medical staff or the exercise of clinical privileges, or whose membership has been immediately terminated under paragraphs (A)(4) or (A)(5) of rule 3335-43-04 of the Administrative Code, the staff member shall be entitled to a an adjudicatory hearing before the medical staff administrative committee. That committee shall submit a written report, including its recommendation to the chairperson of the professional affairs, education, and research committee of the university hospitals board within fourteen days of the final vote by the medical staff administrative committee. An adverse action which must be reported to the state medical board or the federal government, including the national practitioner data bank, shall entitle an affected medical staff member to the procedures of this section.~~

(2) ~~All hearings and appellate reviews~~ appeals shall be in accordance with the procedural safeguards set forth in this rule to assure that the affected medical staff member is accorded all rights to which the member is entitled.

(B) Request for hearing.

(1) ~~The request for a hearing before the medical staff administrative committee shall be submitted in writing by the affected medical staff member to the medical director within thirty-one days of notification by the dean or medical director of the intended action. The medical director shall forward the request to the medical staff administrative committee along with instructions to convene a hearing.~~

(2) ~~The failure of a medical staff member to request a hearing before the medical staff administrative committee, to which the member is entitled by these bylaws within the time and in the manner herein provided, shall be deemed a waiver of the right to any review by the medical staff administrative committee. The dean of the college of medicine and public health~~ medical director shall then implement the decision and that action shall become and remain effective against the medical staff member in the same manner as a final decision of ~~the board of trustees of the Ohio state university hospitals board~~ as provided for in paragraph (F) of this rule. The ~~dean~~ medical director shall promptly inform the affected medical staff member that the proposed decision, which had entitled the medical staff member to a hearing, has now become final.

(C) Notice of hearing.

- (1) ~~Within fourteen days after~~ After receipt of a timely request for hearing by the medical director from a medical staff member entitled to the same such hearing, the medical staff administrative committee shall be notified of the request for hearing by the medical director and shall at the next scheduled meeting take the following action: schedule and arrange for such a hearing and shall, through the dean, notify the medical staff member in writing of the time, place, and date so scheduled. The medical staff member shall be given at least ten days prior notice of the scheduled hearing, provided that this notice may be waived in writing by the medical staff member. Notice shall be by certified return receipt mail to the staff member at the staff member's last known address as reflected by university records.
- (a) Instruct the medical director and chief of staff to jointly appoint within seven days a hearing committee, consisting of five members of the medical staff who are not members of the medical staff administrative committee, are not direct competitors, do not have a conflict of interest, and who have not previously participated in the peer review of the matter under consideration.
 - (b) The ~~Instruct the~~ hearing committee to schedule and arrange for a hearing which hearing, or initial hearing, should more than one hearing be required, shall ~~not~~ be conducted not less than ~~fourteen~~ thirty days nor more than ~~thirty~~ sixty days from the date of the receipt of the request for hearing by the medical director; provided, however, that a hearing for a medical staff member who is under suspension, which is then in effect, shall be held as soon as arrangements may be reasonably made.
- (2) The medical staff member shall be given at least ten days prior notice of the scheduled hearing, provided that this notice may be waived in writing by the medical staff member. Notice shall be by certified return receipt mail to the staff member at the staff member's last known address as reflected by university records. The notice of hearing shall state in concise language the acts or omissions with which the medical staff member is charged; a list of representative charts or documents being used; names of potential witnesses to be called; and any other reason or evidence that may be considered by the medical staff administrative committee during the hearing.

(D) Conduct of hearing.

- (1) ~~Prior to the final consideration of the matter by the medical staff administrative committee an evidentiary hearing shall be conducted by a hearing committee composed of five members of the medical staff appointed jointly by the medical director and chief of staff. No staff member who is a direct competitor, has a conflict of interest, or who has previously participated in the consideration of the adverse recommendation including members of the medical staff administrative committee is eligible to serve on the hearing committee.~~

The hearing committee shall select a chairperson from the committee membership to preside over the hearing. The hearing committee shall have benefit of Ohio state university legal counsel. The hearing committee may grant continuances, recesses, and the chairperson may excuse a member of the hearing committee from attendance temporarily for good cause, provided that there shall be at no time less than four members of the hearing committee present unless the affected staff member waives this requirement.

All members of the hearing committee must be present to deliberate and vote. No member may vote by proxy. The person who has taken action from which the affected staff member has requested the hearing shall not participate in the deliberation or voting of the hearing committee. The hearing shall be a ~~DE-NOVO~~ de novo hearing, although evidence of the prior recommendations and decisions ~~of the dean and the various committees~~ may be presented.

- (2) An accurate record of the hearing ~~must~~ shall be kept. The mechanism for taking the record shall be by the use of a professional stenographer. This record ~~will~~ shall be available to the affected member of the medical staff upon request at the member's expense.
- (3) through (5) Unchanged.
- (6) The hearing committee shall request the person who has taken the action from which the affected staff member has ~~appealed or~~ requested the hearing to present evidence to the hearing committee in support of the adverse recommendation. The hearing committee may proceed to hear evidence and testimony from either party in whatever order the hearing committee deems appropriate. The hearing committee may call its own witnesses, may recall any parties witnesses, and may question witnesses as it deems appropriate. All parties shall be responsible to secure the attendance of their own witnesses. All witnesses and evidence received by the hearing committee shall be open to challenge and cross-examination by the parties. Witnesses shall not be placed under oath. At the close of the evidence the hearing committee may request each party to make summary statements, either oral or written. The hearing committee may request legal representation from the Ohio state university ~~and may permit the dean, and the dean's designees to participate without vote at their proceedings.~~
- (7) Unchanged.
- (8) ~~Within fourteen days after the hearing is closed, the hearing committee shall deliberate and vote.~~ Within ~~fourteen~~ sixty days after the ~~vote is taken~~ its appointment, the hearing committee shall forward its written report and recommendation together with the transcript of the hearing and all other documentation provided by the parties to the medical staff administrative committee. The affected medical staff member shall be notified of the recommendation of the hearing committee including a statement of the basis for the recommendation. The medical staff administrative committee shall accept, reject, or modify the recommendation of the hearing committee. The medical staff administrative committee may conduct further hearings as it deems necessary or may remand the matter back to the hearing committee for further action as directed. The medical staff administrative committee may impose a greater or ~~lesser~~ lesser sanction than that recommended by the hearing committee.
- (9) ~~The decision of the medical staff administrative committee shall be forwarded to the professional affairs, education, and research committee submit a written report, including its recommendation to the chairperson of the university hospitals board within fourteen days of the final vote by the medical staff administrative committee. An adverse action which must be reported to the state medical board or the federal government, including the national practitioner data bank, shall entitle an affected medical staff member to the procedures of this rule. The affected member of the medical staff shall be notified of the decision of the medical staff administrative committee by the medical director. In successive order, the decision and record of the medical staff administrative committee shall be reviewed by the professional affairs, education and research committee and the university hospitals board, each of which shall have the authority to accept, reject, or modify the previous decision forwarded to them. When the hospitals board has made its decision, notice of that decision shall be sent certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records.~~
- (10) The decision and record of the medical staff administrative committee shall be transmitted to the professional affairs, education, and research committee of the university hospitals board, which shall, subject to the affected member's right to appeal and implementation of paragraph (E) of this rule, consider the matter at its next scheduled meeting, or at a special meeting to be held no less than thirty days following receipt of the transmittal. The professional affairs, education and research committee may accept, reject, or modify the decision of the medical staff administrative committee.

(11) The recommendation of the professional affairs, education and research committee shall be promptly considered by the university hospitals board, or the executive committee of the hospitals board, at its next scheduled meeting. The university hospitals board, or the executive committee of the university hospitals board, may accept, reject, or modify the recommendation of the professional affairs, education and research committee.

(12) A copy of the university hospitals board decision shall be sent certified return receipt mail to the affected medical staff member at the member's last known address as determined by university records.

(E) Appeal to the president of the university process.

(1) Within ~~fourteen~~ thirty days after receipt of a notice by an affected medical staff member of the action ~~decision~~ of the ~~university hospitals board~~ medical staff administrative committee, the member may, by written notice to the ~~president~~ chairperson of the Ohio state university hospitals board, request an ~~appellate review by the president of the university appeal~~. Such ~~appellate review~~ The appeal shall only be held on the record on which the adverse decision is based, as appended by the medical staff member's statement provided for below before the medical staff administrative committee.

(2) If ~~such review~~ an appeal is not requested within ~~said fourteen-day period~~ fourteen days, the affected medical staff member shall be deemed to have:

(a) waived the member's right to ~~the same~~ appeal, and

(b) ~~to have~~ accepted such the adverse decision, and the same shall become effective immediately as provided for in paragraph (B) of this rule.

(3) The ~~review~~ appeal shall be conducted by the ~~president of the university or the president's designee~~ professional affairs, education and research committee of the university hospitals board.

(4) The affected medical staff member shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by ~~that the medical staff administrative committee; the professional affairs, education and research committee; and the university hospitals board~~. The staff member shall then submit a written ~~factual~~ statement indicating those factual and procedural matters with which the member disagrees, and specifying the reasons for such disagreement, ~~shall be specified~~. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the ~~president of the university at least~~ professional affairs, education and research committee no later than seven days ~~prior to the scheduled date for review~~ following the date of the affected member's notice of appeal.

(5) New or additional matters not raised during the ~~grievance committee~~ hearing or in the medical staff administrative committee hearings shall only be ~~introduced at the review by the president of the university at the president's~~ considered on appeal at the sole discretion of the professional affairs, education and research committee.

(6) The president of the university may affirm, modify or reject any prior decision, or refer the matter back to the hospitals board for further review and recommendation within fourteen days. Within fourteen days following submission of the written statement by the affected medical staff member, the professional affairs, education and research committee shall recommend to the Ohio state university hospitals board that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the medical staff administrative committee for further review and recommendation. Such referral to the medical staff administrative committee may include a request for further investigation. The president's decision shall be mailed certified return receipt mail to the affected

~~medical staff member at the member's last known address as determined by university records.~~

- (7) Any final decision by the university hospitals board shall be communicated by the medical director and by certified return receipt mail to the affected medical staff member at that member's last known address as determined by university records. The medical director shall also notify in writing the senior vice president for health sciences, the dean of the college of medicine and public health, the executive director of the Ohio state university hospitals and the vice president for health services, chief of staff, the clinical department chief, and the person(s) who initiated the request for peer review. The medical director shall take immediate steps to implement the final decision.

~~(F) Appeal to the board of trustees of the Ohio state university.~~

- (1) ~~If the affected medical staff member wishes to appeal the final decision of the president of the university, the member may within fourteen days after notification of the president's decision request the record of the proceedings of the medical staff administrative committee's hearing be forwarded to the board of trustees of the Ohio state university. Failure to appeal within fourteen days shall make the president's decision final. The board, in its discretion, may accept, reject, or modify the decision of the president. It may request the record of proceedings of the medical staff administrative committee as well as any information considered by the president of the university in order to take specific action relating to the matter under review.~~
- (2) ~~The secretary of the board of trustees of the Ohio state university shall notify the medical staff administrative committee, the university hospitals board and the president of the university of the action taken by the board of trustees of the Ohio state university. Subsequent to this notification, the secretary of the board of trustees of the Ohio state university shall notify the affected medical staff member of the final action taken on the appeal.~~

3335-43-07 Divisions Categories of the medical staff.

The medical staff of the Ohio state university hospitals shall be divided into honorary, attending, courtesy, community affiliate and limited ~~designations~~ categories.

(A) Honorary staff.

- (1) The honorary staff ~~will~~ shall be composed of those individuals who hold emeritus faculty status and who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. Nominations may be made to the medical director who shall present the candidate to the medical staff administrative committee for approval.

Members of the honorary staff shall have access to the ~~medical center~~ Ohio state university hospitals and shall be given notice of all medical staff activities and meetings, ~~however, they~~ However, members of the honorary staff shall not be required to attend staff meetings and their or pay medical staff dues shall be waived. They Members of the honorary staff shall enjoy all privileges and responsibilities of an attending staff appointments member except members of the honorary staff shall not have the right to vote and or hold elected office in the medical staff organization.

- (2) ~~The honorary Honorary staff shall be composed of active and non-active members. Those members who do not desire to exercise clinical privileges may make written notice to the notify the credentials committee in writing. The credentials committee, which shall have the discretion to waive portions of the customary application process reappointment procedures.~~

~~For those members~~ Members of the honorary staff who desire clinical privileges, ~~full credentialing procedures must be followed shall be subject to the appointment and reappointment procedures specified in these bylaws.~~

(B) Attending staff.

(1) Qualifications:

The attending staff shall consist of those faculty members of the colleges of medicine and public health and dentistry to whom clinical teaching responsibilities are assigned in the Ohio state university hospitals and who satisfy the requirements and qualifications for membership set forth in rule 3335-43-04 of the Administrative Code. The assignment of teaching responsibility is the prerogative of the chief of the clinical department or the chief's designee.

(2) Prerogatives:

An attending staff member may:

- (a) Admit patients consistent with the balanced teaching and patient care responsibilities of the ~~institution~~ Ohio state university hospitals. When, in the judgment of the chief of the clinical department, a balanced teaching program is jeopardized, following consultation with the ~~senior vice president and dean of the college of medicine and public health~~ and the Ohio state university hospitals' executive director, and with the concurrence of a majority of the medical staff administrative committee, the chief of the clinical department may restrict ~~admissions~~ an attending staff member's ability to admit patients. Imposition of such restrictions shall not entitle the attending staff member to ~~the procedures of paragraph (F) of rule 3335-43-04 of the Administrative Code and a hearing or appeal pursuant to rule 3335-43-05 3335-43-06~~ of the Administrative Code.
- (b) Be free to exercise such clinical privileges as are granted ~~in this rule~~ pursuant to these bylaws.
- (c) Vote on all matters presented at general and special meetings of the medical staff and of the department and committees of which he or she is a member unless otherwise provided by resolution of the medical staff, clinical department, or committee and approved by the medical staff administrative committee.
- (d) Hold office in the medical staff organization and in the clinical department and committees of which he or she is a member, unless otherwise provided by resolution of the medical staff, clinical department, or committee and approved by the medical staff administrative committee.

(3) Responsibilities:

~~An~~ Each member of the attending staff member shall:

- (a) Unchanged
- (b) Retain responsibility within the member's area of professional competence for the continuous care and supervision of each patient in the Ohio state university hospitals for whom the member is providing care, or arrange a suitable alternative for such care and supervision.
- (c) Actively participate in such quality evaluation and monitoring activities as required by the medical staff, and discharge such medical staff functions as may be required from time to time.
- (d) Satisfy the requirements set forth in rule 3335-43-11 of the Administrative Code for attendance at staff and departmental meetings and meetings of those committees of which he or she is a member and for payment of membership dues.

(C) Courtesy staff.

- (1) No change
- (2) Prerogatives:

The courtesy staff may:

- (a) Admit patients ~~which that~~ complement the clinical teaching program. At times when ~~hospital inpatient beds at the Ohio state university hospitals~~ or other resources are in short supply, patient admissions of courtesy staff shall be subordinate to those of attending staff.
- (b) Exercise such clinical privileges as are granted ~~in paragraph (E) of this rule pursuant to these bylaws.~~
- (c) Attend meetings as a member of the medical staff and the clinical department of which he or she is a member and any medical staff or the Ohio state university hospitals education programs. The courtesy staff member may vote for and be eligible to hold ~~the a~~ position on the medical staff administrative committee reserved for the representative of the courtesy or community affiliate staff as set forth in paragraph (D) of rule 3335-43-09 and paragraph (D) of rule 3335-43-10 of the Administrative Code. Members of the courtesy staff may serve on non-elected medical staff committees as provided by these bylaws.
- (3) Responsibilities: Each member of the courtesy staff shall be required to discharge the basic responsibilities specified in paragraph (B)(3) of this rule ~~and, further, shall retain responsibility within the member's area of professional competence for the care and supervision of each patient in the hospital for whom the member is providing services, or arrange a suitable alternative for such care and supervision.~~

(D) Limited ~~medical~~ staff.

- (1) Qualifications:

The limited staff shall consist of doctors of medicine, osteopathic medicine, ~~dental surgery dentists~~ and practitioners of podiatry or psychology who are appointed in good standing in post doctoral educational programs established and supervised by the chief of the clinical department or division chiefs director of the clinical division. The limited staff shall maintain compliance with the requirements of state law, including regulations adopted by the Ohio state medical board, or ~~their the limited staff member's~~ respective licensing board.

All members of the limited staff, ~~with the exception of dentistry must~~ except dentists, shall make written application for an Ohio license ~~within no later than one year after becoming eligible for an Ohio license~~ and must thereafter obtain and maintain licensure in Ohio during the term of ~~their the limited staff member's~~ post doctoral education.

- (2) Responsibilities:

~~The~~ Each member of the limited staff shall:

- (a) Participate fully in the teaching programs of the clinical department in which ~~they are~~ he or she is appointed.
- (b) Not admit patients, but shall participate, under supervision, in the care of all patients ~~to whom they are assigned to the limited staff member. They~~ The limited staff member shall follow all rules and regulations of the service to which they are the limited staff member is assigned, as well as the general rules of the hospital Ohio state university hospitals pertaining to limited staff, including, but not limited to this the following requirement: consultation shall be obtained the limited staff member

~~shall consult~~ with the honorary, attending, courtesy, or community ~~affiliated~~ affiliate member of the medical staff responsible for the care of ~~that the~~ patient before ~~undertaking the limited staff member undertakes~~ a procedure or treatment that carries a significant risk to the patient unless ~~this the~~ consultation would cause a delay that would jeopardize the life or health of the patient.

- (c) ~~Serve as full members~~ a member of various hospital committees to which ~~they are~~ the limited staff member is assigned. ~~They are~~ The limited staff member shall not ~~be~~ eligible to vote or hold elected office in the medical staff organization.
- (d) ~~Members of the limited staff will be~~ Be expected to make regular satisfactory professional progress including anticipated certification by the respective specialty or sub-specialty program of post-doctoral training in which ~~they are the limited staff member is~~ enrolled. Evaluation of professional growth and appropriate humanistic qualities ~~will shall~~ be made on a regular schedule by the clinical departmental ~~chair chief or divisional division~~ director, program director or evaluation committee. Failure to meet reasonable expectations may result in sanctions including probation, lack of reappointment, suspension or termination.
- (e) Appeal by a member of the limited staff of probation, lack of ~~reappointments~~ reappointment, suspension or termination for failure to meet expectations for professional growth or failure to display appropriate humanistic qualities will be conducted and limited in accordance with written guidelines established by the respective department or division and approved by the medical director and institutional post-M.D. graduate medical education committee.
- (f) Alleged misconduct by a member of the limited staff, for reasons other than failure to meet expectations of professional growth as outlined in ~~paragraph (D)(2)(d) and (D)(2)(e) of this rule~~ above, shall be handled in accordance with rules 3335-43-05 and 3335-43-06 of the Administrative Code.

(E) Community affiliate ~~physician staff~~.

- (1) Qualifications: Community affiliate ~~physicians staff~~ shall consist of those physicians, as may be identified by the medical director and approved by the medical staff administrative committee and by the university hospitals board. ~~They~~ A community affiliate staff member shall meet and maintain the same standards for quality patient care applicable to all members of the medical staff. Community affiliate ~~physicians staff members~~ shall be subject to ~~the these~~ bylaws and the rules and regulations of the medical staff except as provided in this ~~section~~ paragraph. ~~They~~ The community affiliate staff member shall not be required to obtain appointment to the faculty of the Ohio state university, nor shall ~~they the community affiliate staff member~~ be subject to the requirements for board certification within ~~their the community affiliate staff member's~~ respective area of practice. Teaching and research accomplishment shall not be required in determining the qualifications of applicants to this category of the medical staff.

~~In determining the qualifications of applicants to this division of the medical staff, criteria of teaching and research accomplishment shall not be a requirement.~~ To optimize the clinical organization, resource utilization, and planning of the hospitals, the medical director may require that the community affiliate physician identify categories of diagnosis, extent of anticipated patient activity, and service areas to be utilized and may prepare a statement of participation for the applicant which will be made a part of the application for appointment.

~~All applications for appointment and reappointment to this division of the medical staff shall be made to the medical director.~~ The medical director shall consult with the chief of the clinical department concerning the community affiliate applicant's qualifications. The medical director will ~~then~~ promptly refer each applicant together with a written recommendation of the medical director and the chief of the clinical department if any,

directly to the ~~credential~~ credentials committee within ten days of receipt of the completed application for review as provided in these bylaws.

(2) Prerogatives:

A community affiliate ~~physician~~ staff member may:

- (a) Admit patients consistent ~~within~~ with the limitations of bed and service allocations established by the medical director and approved by the medical staff administrative committee, and ~~approved by~~ the university hospitals board. When, in the judgement of the medical director, a balanced teaching program is jeopardized, following consultation with the chief of the clinical department, and with the concurrence of a majority of the medical staff administrative committee, the medical director may restrict admissions of members of the community affiliate staff. Patients admitted under ~~their~~ the care of the community affiliate staff will not be required to participate in the educational mission of the Ohio state university hospitals. Ordinarily, no coverage by the limited medical staff will be afforded, with the exception of emergency medical services.
- (b) Exercise ~~full~~ the clinical privileges granted, have access to all medical records, and be entitled to utilize the facilities of the Ohio state university hospitals incidental to the clinical privileges granted ~~under paragraph (E) of this rule~~ pursuant to these bylaws.
- (c) Attend teaching and educational conferences approved by the Ohio state university, attend medical staff social functions, and participate as providers in the Ohio state university or the Ohio state university hospitals affiliated health plans.

(3) Responsibilities:

Each member of the community affiliate staff shall:

- (a) ~~Community affiliated physicians shall participate~~ Participate in the management of and represent the interests of the clinical ~~services department~~ department for which ~~they are~~ he or she is granted clinical privileges. ~~They~~ The community affiliate staff member shall comply with all provisions of ~~the~~ these bylaws and rules and regulations of the medical staff, unless expressly exempted under this rule. ~~They~~ The community affiliate staff member shall comply with all the Ohio state university hospitals' policies and accreditation standards, and shall be subject to the same quality evaluation, monitoring, and resource management requirements as other members of the medical staff.
- (b) Be responsible within the member's area of professional competence for the continuous care and supervision of each patient in the Ohio state university hospitals for whom the member is providing care, or arrange a suitable alternative for such care and supervision.
- (c) ~~They are not~~ Not be eligible to vote on medical staff policies, rules and regulations, or bylaws. ~~They~~ The community affiliate staff member may vote for and be eligible to hold the position on the medical staff administrative committee reserved for the representative of the courtesy or community affiliate staff as set forth in paragraph (D) of rule 3335-43-09 and paragraph (D) of rule 3335-43-10 of the Administrative Code. Members of the community affiliate staff may serve on non-elected medical staff committees as provided by these bylaws.
- (d) Unchanged.
- (e) ~~Be subject to the corrective action and due process hearing procedures, except that for purposes of the hearing and appellate review proceedings, the decision of the hospitals board under paragraph (D)(8) of rule 3335-43-06 of the Administrative Code shall be final.~~

(F) Clinical privileges.

(1) Delineation of clinical ~~practices~~ privileges:

- (a) Every person practicing at the Ohio state university hospitals by virtue of medical staff membership, ~~faculty appointment, contract~~ or under authority granted in these ~~medical staff~~ bylaws shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically applied for and granted to the staff member or other licensed health care professional by ~~the medical staff administrative committee and the Ohio state university hospitals board after recommendation from the medical staff administrative committee.~~ Requests for the exercise and delineation of clinical privileges must be made as part of each application for appointment or reappointment to the medical staff on the forms provided by the medical staff administrative committee. Requests must be submitted to the chief of the clinical department in which the privileges will be exercised. Clinical privileges requested other than during appointment or reappointment to the medical staff shall be submitted to the chief of the clinical department, who shall review the request and transfer the request and a separate recommendation to the medical director.
- (b) Each clinical department ~~will~~ shall develop specific clinical criteria and standards for the evaluation of clinical privileges with emphasis on invasive or therapeutic procedures or treatment which present significant risk to the patient or for which specific professional training or experience is required.
- (b) Requests for the exercise and delineation of clinical privileges must be made as part of each application for appointment or reappointment to the medical staff on the forms prescribed by the medical staff administrative committee. Every person in an administrative position who desires clinical privileges shall be subject to the same procedure as all other applicants. Requests for clinical privileges must be submitted to the chief of the clinical department in which the clinical privileges will be exercised. Clinical privileges requested other than during appointment or reappointment to the medical staff shall be submitted to the chief of the clinical department and such request must include documentation of relevant training or experience supportive of the request.
- (c) The chief of the clinical department ~~will~~ shall review each applicant's request for clinical privileges and shall make a recommendation regarding clinical privileges to the medical director. Requests for clinical privileges ~~will~~ shall be evaluated based upon the applicant's education, training, experience, demonstrated competence, references, and other relevant information, including the direct observation and review of records of the applicant's performance by the clinical department in which the clinical privileges are exercised. Whenever possible the review should be of primary source information. The applicant ~~has~~ shall have the burden of establishing the applicant's qualifications ~~for the and competency in clinical~~ privileges requested and shall have the burden of production of adequate information for the proper evaluation of qualifications.
- (e)
- (d) ~~The medical director shall transfer the staff member's~~ applicant's request for clinical privileges and the recommendation of the chief of the clinical department shall be forwarded to the credentials committee for its review and recommendation shall be processed in the same manner as applications for appointment and reappointment pursuant to rule 3335-43-04 of the Administrative Code. The credentials committee shall approve, reject, or modify the request and forward its recommendation to the medical director for transmittal to the medical staff administrative committee. The medical staff administrative committee shall review the request and the recommendation of the credentials committee and may approve, reject, or modify the request. The final action of the medical staff administrative committee will be communicated by the medical director, along with the recommendation of the medical director to the professional affairs, research, and education committee of the university hospitals board and thereafter to the university hospitals board. An

~~adverse recommendation by the medical staff administrative committee will entitle the affected medical staff member to the hearing procedures of rule 3335-43-06 of the Administrative Code.~~

(2) Special Temporary privileges:

- (a) ~~Under special circumstances~~ Temporary privileges at university hospitals may be granted extended to a doctor of medicine, osteopathic medicine, dental surgery, and ~~to a practitioner of psychology~~ psychologist, or podiatry or to a licensed health care professional upon completion of an application prescribed by the medical staff administrative committee, upon recommendation of ~~by the chief of the clinical department, or the chief's designee with the prior concurrence of~~ and approval by the medical director. The ~~extent of privileges will be governed by~~ medical director, acting as a member and on behalf of the university hospitals board, has been delegated responsibility by the university hospitals board to grant approval of temporary privileges. The temporary privileges granted shall be consistent with the applicant's training and experience and will be in keeping with clinical department guidelines. Prior to granting temporary privileges, primary source verification of licensure and current competence shall be required. The duration of temporary privileges ~~will be determined by the medical director~~ shall be for a period of no more than ninety days. The granting and delineation of temporary privileges shall be consistent with the application procedures for clinical privileges set forth in these ~~medical staff~~ bylaws.
- (b) ~~Special privileges~~ Graduate medical education training rotations may be extended upon the recommendation of the chief of the clinical department, with prior concurrence of the medical director, for members of the limited staff who are not employed by the Ohio state university.
- (c) Temporary privileges may be granted upon the recommendation of the chief of the clinical department, with prior concurrence of the medical director, for members of the limited staff who are not employed by the Ohio state university, to permit them the members of the limited staff to satisfy approved graduate medical education clinical rotations of one hundred twenty days or less at the Ohio state university hospitals. In such cases, the mandatory requirement for a faculty appointment may be waived. All other requirements for ~~special privileges~~ medical staff membership must be satisfied.
- ~~(3)~~ (d) Special Temporary privileges ~~will~~ may be extended to visiting medical faculty or for special activity as provided by the Ohio state medical or dental board.

~~(4)~~

(3) Podiatric privileges:

- (a) All patients admitted to the Ohio state university hospitals for podiatric care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of medicine or osteopathic medicine:
- (i) shall admit the patient and shall be responsible for the history and physical and medical care that may be required at the time of admission or that may arise during hospitalization; ~~and;~~
 - (ii) shall determine the need of any proposed procedure based on the total health status of the patient. The podiatrist will be responsible for the podiatric care of the patient; and
 - (iii) confirm the findings, conclusions and assessment of risk prior to high risk diagnostic or therapeutic interventions defined by the medical staff.

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The podiatrist ~~will~~ shall be responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record. ~~Any proposed procedures by the podiatrist must be approved by, and be under the direct supervision of, an active member of the medical staff who is a doctor of medicine or osteopathic medicine.~~

- (b) The podiatrist ~~will~~ shall be responsible to the ~~chair~~ chief of the department of orthopedic surgery.

~~(5)~~

(4) Psychology privileges.

- (a) Psychologists shall be granted clinical privileges based upon their training, experience and demonstrated competence and judgment consistent with their license to practice. ~~They will~~ Psychologists shall not prescribe drugs, or perform surgical procedures, or in any other way practice outside the area of their approved clinical privileges or expertise, unless otherwise authorized by law.

- (b) Psychologists may not admit patients to the Ohio state university hospitals. ~~In inpatient settings they, but~~ may diagnose and treat a patient's psychological illness as part of the patient's comprehensive care while hospitalized. All patients admitted for psychological care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of medicine or osteopathic medicine shall admit the patient and shall be responsible for the history and physical and any medical care that may be required during the hospitalization, and shall determine the appropriateness of any psychological therapy based on the total health status of the patient. Psychologists may provide consultation within their area of expertise on the care of patients within the Ohio state university hospitals.

In outpatient settings, ~~they will~~ psychologists shall diagnose and treat their ~~patients~~ patients' psychological illness. ~~They will~~ Psychologists shall ensure that their patients receive referral for appropriate medical care.

- (c) Psychologists ~~will~~ shall be responsible to the chief of the clinical department in which they are appointed.

(5) Dental privileges.

Practitioners of dentistry, who have not been granted clinical privileges as oral and maxillofacial surgeons, may admit patients to the Ohio state university hospitals if such patients are being admitted solely to receive care which a dentist may provide without medical assistance, pursuant to the scope of the professional license of the dentist. Practitioners of dentistry must, in all other circumstances co-admit patients with a member of the medical staff who is a doctor of medicine or osteopathic medicine. A member of the medical staff who is a doctor of medicine or osteopathy shall be responsible for any medical problems that the patient has while an inpatient of the Ohio state university hospitals.

(6) Other licensed health care professionals.

- (a) Associates to the medical staff privileges: Other Clinical privileges may be exercised by licensed health care professionals who are duly licensed in the state of Ohio, and who are either:

- (i) members Members of the faculty of the Ohio state university, or college of medicine and public health may be granted clinical privileges to provide specified patient care services under the supervision or direction of a physician member of the medical staff. Such professionals must apply for privileges in the same manner as provided in rule 3335-43-04 of the Administrative Code and this rule for medical staff membership and clinical privileges. Each person granted

~~privileges must be assigned to a clinical department appropriate to the associate's professional training and will be responsible to the chief of the clinical department for all activities. The medical staff administrative committee may establish particular qualifications required of members of a specific health care profession, provided that such qualifications are not founded on arbitrary or discriminatory basis and are in conformance with applicable law. No other section of the medical staff bylaws, including the appeals mechanism, applies to these individuals.~~

(ii) Employees of the Ohio state university whose employment involves the exercise of clinical privileges, or

(iii) Employees of members of the medical staff.

~~(7) A physician may employ or utilize the services of a professional assistant in the administration of patient care if this assistant has a defined job description, has received credentials review and approval by the appropriate hospital reviewing body, and is operating within existing hospital standards, policies, and procedures. The physician will be responsible for all patient care activities performed on the physician's behalf.~~

(b) A licensed health care professional as used herein, shall not be eligible for medical staff membership but shall be eligible to exercise those clinical privileges granted pursuant to these bylaws and in accordance with applicable Ohio state law. Licensed health care professionals shall apply and re-apply for clinical privileges on forms prescribed by the medical staff administrative committee and shall be processed in the same manner as provided in rule 3335-43-04 of the Administrative Code subject to the provisions of paragraph (F)(6) of this rule.

(c) Licensed health care professionals are not members of the medical staff, shall have no authority to admit or co-admit patients to the Ohio state university hospitals, and shall not be eligible to hold office, to vote on medical staff affairs, or to serve on standing committees of the medical staff unless specifically authorized by the medical staff administrative committee.

(d) Each licensed health care professional shall be individually assigned to a clinical department, or, if appropriate, to a member of the medical staff.

(e) Licensed health care professionals must comply with all limitations and restrictions imposed by their respective licenses, certifications, or legal credentials as required by Ohio law, and may only exercise those clinical privileges granted in accordance with provisions relating to their respective professions.

(f) Only applicants who can document the following shall be qualified for clinical privileges as a licensed health care professional:

(i) Current license, certification, or other legal credential required by Ohio law.

(ii) Certificate of authority, standard care agreement, or utilization plan.

(iii) Education, training, professional background and experience, and professional competence.

(iv) Patient care quality indicators definition for initial appointment. This data will be in a format determined by the licensed health care professional subcommittee and the quality management department.

(v) Adherence to the ethics of the profession for which an individual holds a license, certification, or other legal credential required by Ohio law.

(vi) Evidence of required immunization.

- (vii) Evidence of good personal and professional reputation as established by peer recommendations.
- (viii) Satisfactory physical and mental health to perform requested clinical privileges.
- (xi) Ability to work with members of the medical staff and the Ohio state university hospitals employees.
- (g) The applicant shall have the burden to produce documentation with sufficient adequacy to assure the medical staff and the Ohio state university hospitals that any patient cared for by the licensed health care professional seeking clinical privileges shall be given quality care, and that the efficient operation of the Ohio state university hospitals will not be disrupted by the applicant's care of patients in the Ohio state university hospitals.
- (h) By applying for clinical privileges as a licensed health care professional, the applicant agrees to the following terms and conditions:
 - (i) The applicant has read the bylaws and rules and regulations of the medical staff of the Ohio state university hospitals and agrees to abide by all applicable terms of such bylaws and any applicable rules and regulations, including any subsequent amendments thereto, and any applicable Ohio state university hospitals policies that the Ohio state university hospitals may from time to time put into effect.
 - (ii) The applicant releases from liability all individuals and organizations who provide information to the Ohio state university hospitals regarding the applicant and all members of the medical staff, the Ohio state university hospitals staff, the Ohio state university hospitals board and the Ohio state university board of trustees for all acts in connection with investigating and evaluating the applicant.
 - (iii) The applicant shall not deceive a patient as to the identity of any practitioner providing treatment or service in the Ohio state university hospitals.
 - (iv) The applicant shall not make any statement or take any action that might cause a patient to believe that the licensed health care professional is a member of the medical staff.
 - (v) The applicant shall not perform any patient care in the Ohio state university hospitals that is not permitted under the applicant's license, certification, or other legal credential required under Ohio law.
 - (vi) The applicant shall obtain and continue to maintain professional liability insurance in such amounts required by the medical staff.
- (i) Licensed health care professionals shall be subject to corrective action as outlined in this paragraph for violation of these bylaws, their certificate of authority, standard of care agreement, utilization plan, or the provisions of their licensure, including professional ethics. Corrective action may be requested by any member of the medical staff, a chief of the clinical department, or by the medical director. All requests shall be in writing and shall be submitted to the medical director. The medical director shall appoint a three-person committee to review and make recommendations concerning appropriate corrective action. The committee shall consist of at least one licensed health care professional and one medical staff member. The committee shall make a written recommendation to the medical director, who may accept, reject, or modify the recommendation.
- (j) Appeal process.
 - (i) A licensed health care professional may submit a notice of appeal to the chairperson of the Ohio state university hospitals board within fourteen days of

receipt of written notice of any adverse corrective action pursuant to paragraph (F)(6)(i) of this rule or immediate termination under paragraph (A)(4) of rule 3335-43-04 of the Administrative Code.

- (ii) If an appeal is not so requested within the fourteen-day period, the licensed health care professional shall be deemed to have waived the right to appeal and to have conclusively accepted the decision of the medical director.
- (iii) The appellate review shall be conducted on the record by the professional affairs, education and research committee of the Ohio state university hospitals board.
- (iv) The affected medical staff member shall have access to the reports and records, including transcripts, if any, of the hearing committee and of the medical staff administrative committee and all other material, favorable or unfavorable, that has been considered by the medical director. The licensed health care professional shall submit a written statement indicating those factual and procedural matters with which the member disagrees, specifying the reasons for such disagreement. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the professional affairs, education and research committee no later than seven days following the date of the licensed health care professional's notice of appeal.
- (v) New or additional matters shall only be considered on appeal at the sole discretion of the professional affairs, education and research committee.
- (vi) Within thirty days following submission of the written statement by the licensed health care professional, the professional affairs, education and research committee shall recommend to the Ohio state university hospitals board executive committee that the adverse decision be affirmed, modified or rejected, or to refer the matter back to the medical director for further review and recommendation. Such referral to the medical director may include a request for further investigation.
- (vii) Any final decision by the university hospitals board executive committee shall be communicated by the medical director and by certified return receipt mail to the last known address of the licensed health care professional as determined by university records. The medical director shall also notify in writing the senior vice president for health sciences, the dean of the college of medicine and public health, the executive director of the Ohio state university hospitals and the vice president for health services and the chief of the applicable clinical department or departments. The medical director shall take immediate steps to implement the final decision.
- (7) A medical staff member may employ or utilize the services of a non-licensed health care professional, professional assistant in the administration of patient care if this assistant has a defined job description, has received credentials review and approval by the appropriate hospital reviewing body, and is operating within existing standards, policies, and procedures of the Ohio state university hospitals. The medical staff member shall be responsible for all patient care activities performed on the medical staff member's behalf.
- (8) In case of an emergency, any member of the medical staff to the degree permitted by the member's license and regardless of department or medical staff status shall be permitted to do everything possible to save the life of a patient using every facility of the Ohio state university hospitals necessary, including the calling for any consultation necessary or desirable. After the emergency situation resolves, the patient shall be assigned to an appropriate member of the medical staff. For the purposes of this paragraph, an "emergency" is defined as a condition which would result in serious permanent harm to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

3335-43-08 Organization of the medical staff of the Ohio state university hospitals into clinical departments and divisions.

(A) Each member of the attending, courtesy, limited, and honorary staff shall be assigned to a clinical department ~~or~~ and division, if applicable, upon the recommendation of the applicable chief of the clinical department ~~concerned and approval of the medical director.~~

(B) Names of clinical departments and divisions.

(1) Anesthesiology

(2) Emergency medicine

(3) Family medicine

(4) Internal medicine. The following divisions are designated:

Allergy
Cardiology
Community internal medicine
Dermatology
Endocrinology and metabolism
~~Gastroenterology~~ Digestive diseases
General medicine
Hematology and oncology
Infectious diseases
Nephrology
Pulmonary
Rheumatology - immunology

(5) Neurology

(6) Obstetrics and gynecology. The following divisions are designated:

General obstetrics and gynecology
Maternal - fetal medicine
Gynecologic oncology
Endocrinology - infertility
Urogynecology

(7) Ophthalmology

(8) Orthopedic surgery

~~(8)~~

(9) Otorhinolaryngology

~~(9)~~

(10) Pathology. The following divisions are designated:

Anatomic pathology
Clinical pathology

~~(10)~~

(11) Pediatrics. The following divisions are designated:

Ambulatory pediatrics
Adolescent medicine
Allergy
Biochemical disorders
Cardiology

Clinical genetics
Dermatology
Endocrinology/metabolism
Gastroenterology
General pediatrics
Handicapped child
Hematology/oncology
Infectious diseases
Neonatology
Nephrology
Neurology
Nutrition
Pediatric education/research and evaluation
Pharmacology/toxicology
Psychology
Pulmonary

~~(11)~~

(12) Physical medicine and rehabilitation. The following division is designated:

Rehabilitation psychology

~~(12)~~

(13) Preventive medicine

~~(13)~~

(14) Psychiatry. The following divisions are designated:

General psychiatry
Child psychiatry
Sleep disorders medicine
Geriatric psychology

~~(14)~~

(15) Radiology. The following divisions are designated:

Diagnostic radiology
Nuclear medicine
Radiation oncology

~~(15)~~

(16) Surgery. The following divisions are designated:

General surgery
Neurologic surgery
~~Orthopedic surgery~~
Pediatric surgery
Plastic surgery
Surgical oncology
Thoracic and cardiovascular surgery
Transplant
Urologic surgery
Vascular

~~(16)~~

(17) Dentistry. The following divisions are designated:

General dentistry
Oral surgery

- (C) The ~~chiefs~~ directors of the divisions in the Ohio state university hospitals ~~will~~ shall be appointed by the chiefs of the clinical departments in the Ohio state university hospitals in which the divisions are included. Clinical divisions may be added or deleted upon the recommendation of the clinical department chief with the concurrence of a majority of the medical staff administrative committee.

- (D) Qualifications and responsibilities of the chief of the clinical department.

The academic department ~~chair~~ chairperson shall ordinarily serve also as the chief of the clinical department. Each clinical department chief shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Each clinical department chief must be board certified by an appropriate specialty board or must establish comparable competence. Such ~~qualification~~ qualifications shall be judged ~~appropriate~~ by the respective dean of the college of medicine and public health or dentistry. Qualifications for chief of the clinical department generally shall include: recognized clinical competence, sound judgment and well-developed administrative skills.

- (1) Procedure for appointment and reappointment of the chief of the clinical department.

Appointment or reappointment of chief of the clinical department ~~will~~ shall be made by the dean of the respective college of medicine and public health or dentistry in consultation with elected representatives of the medical staff and the medical director.

- (2) Term of appointment of the chief of the clinical department.

The term of appointment of the chief of the clinical department ~~will~~ shall be concurrent with the chief's academic appointment ~~and but shall~~ be no longer than four years. Prior to the end of said four-year term, a review ~~will~~ shall be conducted ~~and will by the dean of the college of medicine and public health and such review shall~~ serve as the basis for the recommendation for reappointment. ~~Procedure will be as outlined in pursuant to paragraph (D)(1) of this rule.~~

- (3) Duties of the chief of the clinical department.

Each clinical department chief shall:

- (a) Unchanged.
- (b) Maintain continuing review of the professional performance of all medical staff members and other licensed health care professionals with clinical privileges within the clinical department. Determine the qualifications and competence of all personnel who are not independent practitioners who provide patient care within the clinical department. Provide for the orientation and continuing education of all persons in the clinical department.
- (c) Unchanged.
- (d) Make recommendations to the credentials committee regarding the criteria for membership on the medical staff and for the delineation of clinical privileges in the clinical department and continuously review, at least biennially, the clinical privilege delineation form for adjustments to services.
- (e) ~~As required by the medical staff bylaws the chief of each clinical department shall review~~ Review the clinical performance including the physical and mental health of all medical staff members of the clinical department ~~including the provisions of paragraph (F)(2) of rule 3335-43-04 of the Administrative Code. On the basis of this review, the chief will in accordance with these bylaws and make recommendations for appointment and reappointment to the medical staff and for clinical privileges for each medical staff member with an appointment in of the clinical department to the credentials committee.~~

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- (f) Be responsible for the enforcement within the clinical department of ~~the~~ these bylaws, rules and regulations of the Ohio state university hospitals.
- (g) ~~Assure~~ Be responsible for the maintenance of quality control programs and assure that the quality and the appropriateness of patient care within the clinical department is continually monitored and evaluated according to ~~departmental and hospital quality assurance criteria~~ the clinical department's and the Ohio state university hospitals' quality criteria.
- (h) Unchanged.
- (i) ~~Each clinical department will hold~~ Hold monthly clinical department meetings. The agenda for the meetings ~~will shall~~ include, but not be limited to a discussion of the clinical activities of the department. Minutes of departmental meetings, including a record of attendance, ~~will shall~~ be kept in the ~~departmental~~ clinical department and the medical director's office. Greater than fifty per cent unexcused absence from ~~departmental~~ department meetings ~~could~~ may serve as the basis for a recommendation of non-reappointment to the medical staff.
- (j) Develop and implement policies that guide and support the provision of ~~departmental~~ department services and make recommendations on the proper number of qualified and competent persons needed to provide care within the service needs of the clinical department.
- (k) Provide for the integration of the clinical department and its services into the primary functions of the Ohio state university hospitals and coordinate interdepartmental and intradepartmental services.

3335-43-09 Elected officers of the medical staff of the Ohio state university hospitals.

(A) Chief of staff.

The chief of staff shall:

- (1) and (2) Unchanged.
- (3) Provide for communication between the medical staff and the Ohio state university hospitals board in matters of quality of care, education, and research.
- (4) Serve as liaison between the Ohio state university hospitals administration, medical administration, and the medical staff in all matters of mutual concern within the Ohio state university hospitals. In consultation with the medical director, seek to ensure that the medical staff is represented and participates as appropriate in any ~~hospital~~ Ohio state university hospitals deliberation which affects the discharge of medical staff responsibilities.
- (5) Call, preside, and be responsible for the agenda of all general medical staff meetings.
- (6) Make medical staff committee appointments jointly with the medical director and chief of staff-elect ~~for~~ in consultation with the executive director of the Ohio state university hospitals and with the approval by the deans of the respective dean of the college of medicine and public health or dentistry and university hospitals board, with the exception of the members of the medical staff administrative committee and nominating committee.
- (7) and (8) Unchanged.
- (9) Be representative to the council of the academy of medicine of the city of Columbus and Franklin county, or select a representative to serve on the council.

(B) Chief of staff-elect.

The chief of staff-elect shall:

- (1) Serve on those committees of the Ohio state university hospitals board as appointed by the chairperson of the university hospitals board.
- (2) through (4) unchanged.

(C) Representatives of the medical staff elected at-large.

- (1) There shall be three medical staff representatives elected at-large. Each ~~will~~ representative shall be a member of the medical staff administrative committee and ~~will~~ shall serve on those committees of the Ohio state university hospitals board as appointed by the chairperson of the university hospitals board.
- (2) Each ~~will~~ representative shall have responsibility for a group of medical staff committees, as defined in the rules and regulations.

(D) Representative of the courtesy ~~or~~ and community affiliate staff.

- (1) There shall be a member of the courtesy ~~or~~ and community affiliate staff, elected solely by courtesy ~~or~~ and community affiliate staff members, who shall serve on the medical staff administrative committee as provided by paragraph (D) of rule 3335-43-10 of the Administrative Code.
- (2) ~~This~~ The courtesy or community affiliate staff member representative ~~will~~ shall be selected from nominations made from the floor by members of the courtesy ~~or~~ and community affiliate staff at a meeting scheduled for that purpose. Nominees ~~will~~ shall be submitted in writing to all members of the courtesy and community affiliate staff for voting no later than ~~the first of~~ March first of the election year.
- (3) The ~~person~~ representative so elected will serve a two-year term beginning ~~on the first of~~ July first, and ~~may succeed themselves for three successive terms (six years)~~ the representative may serve for a total of three successive terms if so elected. They Upon completion of three successive terms, a representative may not continue longer serve again without a period of two years out of office.
- (4) Any vacancy ~~will~~ shall be filled from among the membership of the courtesy staff by the chief of staff. The ~~person~~ member so appointed ~~will~~ shall serve until the next scheduled election, unless removed by a majority vote upon written ballot of the courtesy and community affiliate staff. Grounds for removal shall be the same as referenced in paragraph (F)(6) of this rule.
- (5) No other provisions of this rule ~~3335-43-09 of the Administrative Code~~ shall apply to the courtesy and the community affiliate staff representative, ~~and members. Members~~ of the courtesy staff shall not be eligible to vote for or hold other elected office in the medical staff organization.

(E) Qualifications of officers.

- (1) Officers must be members of the attending staff at the time of their nomination and election and must remain members in good standing during ~~their~~ the term of their office. Failure to maintain such status shall immediately create a vacancy in the office involved.
- (2) The medical director, associate medical directors, assistant medical directors and chiefs of the clinical departments ~~are~~ shall not be eligible to serve as chief of staff or chief of staff-elect unless they are replaced in their Ohio state university hospitals administrative role during the period of their term of office.

(F) Election of officers.

- (1) All officers (other than at-large officers) ~~will~~ shall be elected by a majority of those voting by written ballot of the attending staff at a meeting scheduled for that purpose.
- (2) The nominating committee ~~will~~ shall be composed of five members. The chief of staff and the chief of staff-elect ~~will~~ shall serve on the committee and the chief of staff-elect ~~will~~ shall be its chairperson. ~~The three~~ Three other members of the committee ~~will~~ shall be nominated from the floor and elected, by a plurality upon written ballot, at a meeting scheduled for that purpose.
- (3) The committee's nominees ~~will~~ shall be submitted in writing to all voting members of the attending staff no later than ~~the first of~~ March first of the election year.
- (4) Nominations for officers ~~will~~ shall be accepted from the floor.
- (5) Candidates for the office of chief of staff-elect ~~will~~ shall be listed and each attending staff member ~~may vote for one~~ shall be entitled to cast one vote. Candidates for the at-large positions ~~will~~ shall be voted upon as a group. Each voting member of the attending staff ~~may~~ shall be entitled to vote for three at-large candidates. The three candidates with the highest number of votes ~~will~~ shall be elected. A majority of the votes ~~is~~ shall not be necessary.
- (6) Unchanged.

(G) Term of office.

- (1) The chief of staff and chief of staff-elect ~~will~~ shall each serve two years in office beginning ~~on the first of July first. The chief of staff shall be elected in even numbered years. The chief of staff-elect will shall be elected in the odd numbered years. The A former chief of staff may not be elected chief of staff-elect within one year of the end of the chief of staff's term in office~~ succeed the immediately preceding chief of staff-elect.
- (2) The at-large representatives ~~will~~ shall each serve two years, beginning ~~on the first of July first. They~~ The at-large representatives may succeed themselves for three successive terms (six years total), if so elected. They may not continue longer. Upon completion of the three successive terms, the representative may not serve again without a period of two years out of office as an at-large representative. They The representative may be elected chief of staff-elect at any time.

(H) Vacancies in office.

- (1) ~~Vacancies~~ A vacancy in the office of chief of staff ~~during the term will be automatically succeeded and performed~~ shall be filled by the chief of staff-elect. ~~When If the unexpired term is one year or less, the new chief of staff will continue in office until the completion of his or her expected term in that office shall serve out the remaining term in office and shall then serve as chief of staff for the term for which elected. When If the unexpired term is more than one year, the new chief of staff will serve until the end of the term of the chief of staff he or she replaced shall serve out the remaining term only.~~
- (2) Vacancies in the office of chief of staff-elect ~~will~~ shall be filled by a special election held within sixty days of ~~establishing the vacancy by the nominating and election process set forth in paragraph (F) of this rule. The nominating committee will make nominations and a special meeting of the attending staff will be called to add nominations and elect the replacement.~~ The new chief of staff-elect ~~will~~ shall become chief of staff at the end of the term of the incumbent.
- (3) Vacancies in the at-large representatives and courtesy or community affiliate staff positions ~~will~~ shall be filled by appointment by the chief of staff.

3335-43-10 Administration of the medical staff of the Ohio state university hospitals.

(A) Medical director.

(A) The medical director shall be a physician and shall be a member of the attending medical staff at the Ohio state university hospitals.

The appointment, scope of authority, and responsibilities of the medical director shall be as outlined in the Ohio state university hospitals board bylaws.

(B) Medical staff committees.

(B) (1) Appointments:

Appointments to all medical staff committees except the medical staff administrative committee and the nominating committee ~~will~~ shall be made jointly by the chief of staff, chief of staff-elect, and the medical director with consultation with the executive director of the Ohio state university hospitals and approved by the ~~senior vice president for health sciences and dean~~ respective deans of the college of medicine and public health or dentistry and the university hospitals board. Unless otherwise provided by ~~the~~ these bylaws, all appointments to medical staff committees ~~are~~ shall be for one year and may be renewed. The chief of staff, medical director, and the executive director of the Ohio state university hospitals may serve on any medical staff committee as an ex officio member without vote.

(C) (2) Meetings:

Each medical staff committee ~~will~~ shall meet at the call of its chairperson and at least quarterly. Committees ~~must~~ shall maintain records of proceedings and minutes of meetings and shall forward all recommendations and actions taken to the medical director who shall promptly communicate them to the medical staff administrative committee. The chairperson shall control the committee agenda, attendance of staff and guests, and conduct of the proceedings. A simple majority of appointed voting members shall constitute a quorum.

(D)

(C) Medical staff administrative committee:

(1) Composition.

(a) This committee shall consist of the chief of staff, chief of staff-elect, chiefs of the clinical departments, three medical ~~attending~~ staff representatives elected at large, one medical courtesy or community affiliate staff representative, the medical director, and the executive director of the Ohio state university hospitals. The medical director ~~will~~ shall be the chairperson and the chief of staff ~~will~~ shall be vice-chairperson.

(b) Any member of the committee who anticipates absence from a meeting of the committee may appoint as a temporary substitute another member of the same category of the medical staff to represent him or her at the meeting. The temporary substitute ~~will~~ shall have all the rights of the absent member. The executive director of the Ohio state university hospitals may invite any member of the executive director's staff to represent him or her at a meeting or to attend any meeting.

(2) Duties.

(a) Unchanged.

(b) To receive and act upon commission and committee reports.

(c) To delegate appropriate staff business to committees while retaining the right of executive responsibility and authority over all medical staff committees.

~~(c)~~

(d) To implement policies of the medical staff.

~~(d)~~

(e) To provide a liaison between the medical staff, medical director, executive director, and the university hospitals board.

~~(e)~~

(f) To recommend action to the medical director and executive director of the Ohio state university hospitals on matters of medico-administrative nature.

~~(f)~~

(g) To fulfill the medical staff's accountability to the university hospitals board and the board of trustees of the Ohio state university for medical care rendered to patients in the Ohio state university hospitals, and for the professional conduct and activities of the medical staff, including recommendations concerning:

(i) medical staff structure,

(ii) the mechanism to review credentials and to delineate clinical privileges,

(iii) the mechanism by which medical staff membership may be terminated,

(iv) participation in the Ohio state university hospitals' performance improvement activities, and

(v) corrective action and hearing procedures ~~on~~ applicable to medical staff members and other licensed health care professionals granted clinical privileges.

~~(g)~~

(h) To ensure the medical staff is kept abreast of the accreditation process and informed of the accreditation status of the Ohio state university hospitals.

~~(h)~~

(i) To review and act on medical staff appointments, reappointments, and requests for delineation of clinical privileges.

~~(i)~~

(j) To report to the medical staff all actions affecting the medical staff.

~~(j)~~

(k) To inform the medical staff of all changes in committees, and the elimination of such committees as circumstances shall require.

~~(k)~~

(l) To appoint committees to meet the needs of the medical staff and comply with the requirements of accrediting agencies.

~~(l)~~

(m) To establish and maintain rules and regulations governing the medical staff.

~~(m)~~

(n) To perform other functions as are appropriate.

(3) Meetings.

The committee shall meet monthly and shall keep detailed minutes which shall be distributed to each committee member and to the university hospitals board through the professional affairs, education, and research committee.

~~(E)~~

(D) Credentials committee:

(1) Composition:

The committee shall ~~be composed~~ consist of nine members of the medical staff. Appointments to the committee shall be in accordance with paragraph ~~(A)(1)~~ (B) of this rule. The chairperson of the committee shall be appointed jointly by the medical director and the chief of staff.

(2) Duties:

~~(a) Following the recommendation of the chief of the clinical department, the committee will~~ To receive, through the office of the medical director, all applications for medical staff appointment and reappointment, following recommendation of the chief of the clinical department and receive all requests for delineation, renewal, or amendment of clinical privileges;

~~(b) The chief of the clinical department will assure that the requests and applications include letters of reference from medical school, internship and residency, other post-graduate experiences, and that reference audits have been completed. The chief of the clinical department will assure that the applicant meets the criteria for membership and for clinical privileges set forth in the medical staff bylaws. This review shall be submitted by the chief of the clinical department to the committee within sixty days of receipt of the signed and completed application or request.~~

~~(c)~~

~~(b)~~ The committee will To review all applications for medical staff appointment and reappointment, as well as all requests for delineation, renewal, or amendment of clinical privileges in the manner provided in these medical staff bylaws, including applicable time limits;

~~(d)~~

~~(c)~~ Renewal To review biennially all applications ~~will be reviewed biennially unless a change in appointment or privileges is otherwise received from the chief of the~~ for reappointment or renewal of clinical department privileges;

~~(e)~~

~~(d)~~ Provisional appointments to the To review all requests for changes in medical staff ~~will be reviewed by the credentials committee after six months and with the recommendation of the chief of the~~ membership or clinical department privileges;

~~(f)~~

~~(e)~~ It will be the responsibility of To assure, through the chairperson of the committee, to assure that all records of peer review activity taken by the committee, including committee minutes, and are handled and kept with utmost confidentiality maintained in the strictest of confidence in accordance with the laws of the state of Ohio. The committee may conduct investigations and interview applicants as needed to discharge its duties. The committee may refer issues and receive issues as appropriate from other medical staff committees;

~~(g)~~

~~(f)~~ The committee will To make its ~~recommendation~~ recommendations to the medical staff administrative committee through the ~~office of the medical director~~ regarding appointment applications and initial requests for clinical privileges. Applications and requests referred to the medical staff administrative committee will have the following information: Such recommendations shall include the name, status, department (division), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's current

competence, experience, and qualifications and ability to perform the clinical privileges requested;

~~(h)~~

~~(g) The committee or the medical director may request~~ To recommend to the medical staff administrative committee to consider that certain applications for appointment be reviewed in executive session;

~~(i)~~

~~(h) The committee~~ To make recommendations, after review and investigation of matters related to its responsibilities, may make recommendations to the medical director, chief of staff, or the chief of a clinical department, requesting regarding the restriction or limitation of any member a member's of the medical staff's clinical privileges, for noncompliance with the credentialing process. The committee will review all grants of special or temporary privileges and will review clinical privileges for associates to the medical staff as well as physicians assistants to the medical director, chief of staff, or the chief of a clinical department;

(i) To review all grants of temporary privileges; and

(j) To review requests made for clinical privileges by other licensed health care professionals as set forth in paragraph (F)(6) of rule 3335-43-07 of the Administrative Code.

(3) Licensed health care professionals subcommittee:

(a) Composition:

This subcommittee shall consist of licensed health care professionals who have been appointed in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code and shall also include the director of nursing who shall serve as chair of the subcommittee. The subcommittee shall include a certified nurse midwife, a certified registered nurse anesthetist, a certified nurse practitioner, a clinical nurse specialist, and other appropriate licensed health care professionals.

(b) Duties:

(i) To review, within thirty days of receipt, all completed applications as may be referred by the credentials committee.

(ii) To review and investigate the character, qualifications and professional competence of the applicant.

(iii) To review the applicant's patient care quality indicator definitions on initial granting of clinical privileges and the performance based profile at the time of renewal.

(iv) To verify the accuracy of the information contained in the application.

(v) To request a personal interview with the applicant if deemed appropriate.

(vi) To forward, following review of the application, a written recommendation for clinical privileges to the credentials committee for review at its next regularly scheduled meeting.

~~(F)~~

(E) Committee for physician health.

(1) Composition:

The committee shall consist of seven medical staff members appointed ~~pursuant to these bylaws in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code.~~

(2) Duties:

(a) To consider issues of physician health or impairment when requested to do so by ~~the physician an affected member~~ or another member or committee of the medical staff, ~~hospital~~ the Ohio state university hospitals staff, or any other individual.

(b) To educate the medical staff and the Ohio state university hospitals staff about illness and impairment recognition issues specific to physicians.

~~(b)~~

(c) To provide appropriate counsel, and referral and monitoring to enable physician the medical staff member to obtain appropriate diagnosis and treatment, and to provide appropriate standards of care.

~~(c)~~

(d) To consult regularly with the chief of staff and medical director of the hospital Ohio state university hospitals.

~~(d)~~

(e) To advise credentials and/or other appropriate medical staff committees on any issues affecting the quality and safety of patient care.

~~(e)~~

(f) It will be the responsibility of To assure, through the chairperson of the committee, to assure that all proceedings and records are handled and kept with utmost confidentiality maintained in the strictest confidence in accordance with the laws of the state of Ohio.

~~(G)~~

(F) Bylaws committee.

(1) Composition:

The committee shall consist of those members appointed ~~as provided in the medical staff bylaws in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code.~~ The chairperson ~~will~~ shall always be the chief of staff-elect.

(2) Duties:

(a) To review and recommend amendments, as appropriate, to ~~the~~ these medical staff bylaws at least every two years.

(b) To receive from members of the medical staff or the medical staff administrative committee any suggestions that may necessitate amendment of ~~the~~ these bylaws.

~~(H)~~

(G) Infection control committee.

(1) Composition:

The medical staff members of the committee shall consist of those ~~medical staff members appointed pursuant to the medical staff bylaws and in accordance with~~

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paragraph (A)(6) of rule 3335-43-09 of the Administrative Code. The committee shall also include ~~representation~~ representatives of nursing, environmental services, and hospital administration as may be invited from time to time by the chief of staff. The chairperson ~~will~~ shall be a physician member of the medical staff with experience ~~and/or~~ training in infectious diseases.

(2) Duties:

- (a) ~~To define, survey, correlate, review, evaluate, revise~~ oversee surveillance and institute any recommendations necessary for the ~~identification~~ investigation, prevention, containment ~~and investigation of environmental and infectious diseases of nosocomial and clinical infectious diseases of both patients and staff~~ at all facilities owned, operated, or controlled by the Ohio state university hospitals and subject to JCAHO standards.
- (b) ~~The~~ To take necessary action through the chairperson of the committee, and the Ohio state university hospitals' epidemiologist, in consultation with the medical director of the Ohio state university hospitals, ~~will take necessary actions~~ to prevent and control emerging spread or outbreaks of infections; isolate communicable and infectious patients as indicated; and obtain all necessary cultures in emergent situations when the responsible medical staff member is unavailable.

~~(H)~~

(H) Ethics committee.

(1) Composition:

The committee shall consist of members of the medical staff, nursing, hospital administration, and other persons who by reason of training, vocation, or interest may make a contribution. ~~Appointments will~~ Members shall be made appointed as provided in these bylaws. The chairperson shall be a ~~physician~~ medical staff member who is a clinically active ~~member of the medical staff~~ physician.

(2) Duties:

- (a) Unchanged.
- (b) To provide ethical guidelines and information in response to requests from members of the medical staff, patients, patient's family or other representative, and staff members of the Ohio state university hospitals.
- (c) To provide a support mechanism for primary decision makers at the Ohio state university hospitals.
- (d) To provide educational resources on ethics to all health care providers at the Ohio state university hospitals.
- (e) Unchanged.

~~(I)~~

(I) Medical records committee.

(1) Composition:

The members of this committee shall ~~be~~ consist of those members appointed in accordance with ~~these bylaws~~ paragraph (A)(6) of rule 3335-43-09 of the Administrative Code, and shall consist of a majority of members of the medical staff ~~together with representation~~ and shall include representatives from nursing, medical records administration, and hospitals administration.

(2) Duties:

- (a) To review, analyze, and evaluate the medical records system to assure the form and content thereof satisfy prevailing accreditation standards, legal concerns, ~~hospital~~ Ohio state university hospitals policy, and reimbursement requirements.
- (b) Unchanged.
- (c) ~~Review~~ To review the quality of medical records for clinical pertinence and timely completion.
- (d) ~~Assure~~ To assure that each medical record or a representative sample of records reflect the diagnosis, results of diagnostic tests, therapy given, the condition and in-hospital progress of the patient, condition of the patient at discharge, the identity of health care providers and that the foregoing information is completed in the medical records on a timely basis.
- (e) ~~Review~~ To review all medical record forms and recommend their use, improvement or alteration.
- (f) ~~Assure~~ To assure maintenance of complete, accurate medical records in compliance with requirements of the quality assurance and utilization management committee, state and federal governmental agencies, accreditation bodies, and purchasers of care.
- (g) ~~Review~~ To review procedures for the safe guarding and retention of medical records against loss, ~~spoilation~~ spoliation, tampering, or use by unauthorized persons and make recommendations thereon.

~~(K)~~

~~(J)~~ Leadership council for clinical value enhancement.

The leadership council shall consist of members appointed ~~pursuant to the medical staff bylaws in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code,~~ and shall include the senior vice president for health sciences and dean of the college of medicine and public health and the chairperson of the professional affairs education and research committee of the university hospitals board as ex-officio members without a vote. The medical director shall be the chairperson of the leadership council.

(1) Clinical quality management policy group.

(a) Composition:

The members ~~of this group~~ shall be appointed pursuant to these bylaws, ~~including physicians and shall include medical staff members from various clinical areas departments and support services, and shall include the director of the clinical quality management policy group, and representation by representatives of nursing and hospitals administration. The chairperson of the policy group will~~ shall be a physician member of the medical staff.

(b) Duties:

- (i) ~~Coordinate~~ To coordinate the quality management related activities of the clinical departments, medical records, utilization review, infection control, pharmacy and therapeutics and drug utilization committee, transfusion and immunization, and other medical staff and the Ohio state university hospitals committees.
- (ii) ~~Implement~~ To implement clinical improvement programs to achieve the goals of the Ohio state university hospitals quality management plan, as well as assure optimal compliance with accreditation standards and governmental regulations concerning performance improvement.

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- (iii) ~~Review~~ To review, analyze, and evaluate on a continuing basis the performance of the medical staff and other health care providers; and advise the clinical department clinical quality sub-committees in defining, monitoring, and evaluating quality indicators of patient care and services.
- (iv) ~~Serve~~ To serve as liaison between the Ohio state university and the Ohio peer review organizations through the chairperson of the policy group and the director of clinical quality.
- (v) ~~Make~~ To make recommendations to the medical staff administrative committee on the establishment of and the adherence to standards of care designed to improve the quality of patient care delivered in the Ohio state university hospitals.
- (vi) ~~Hear~~ To hear and determine issues concerning the quality of patient care rendered by members of the medical staff and the Ohio state university hospitals staff and make appropriate recommendations and evaluate action plans when appropriate to the medical director, the chief of a clinical department, or the Ohio state university hospitals administration.
- (vii) ~~Appoint~~ To appoint ad-hoc interdisciplinary teams to address ~~hospital-wide~~ the Ohio state university hospitals-wide quality management plan.
- (viii) ~~Annually~~ To annually review and revise as necessary the Ohio state university hospitals-wide clinical quality management plan.
- (ix) ~~Report~~ To report and coordinate with the leadership council for clinical value enhancement all quality improvement initiatives.

(2) Clinical resource management policy group.

(a) Composition:

The members shall be appointed ~~pursuant to these bylaws including physicians in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code and shall include medical staff members from various areas clinical departments and support services.~~ The the director of clinical quality and resource management policy group, and representation by representatives of nursing and hospitals administration. The chairperson of the policy group ~~will~~ shall be a physician member of the medical staff.

(b) Duties:

- (i) ~~Promote~~ To promote the most efficient use of ~~hospital~~ the Ohio state university hospitals facilities and services by participating in the review process and continued stay reviews on all hospitalized patients, and promote the most efficient use of clinical resources and ~~hospital~~ the Ohio state university hospitals facilities and services by participating and facilitating the processes of admission review, continue stay reviews, and ~~retrospective~~ retrospective reviews as required.
- (ii) ~~Formulate~~ To formulate and maintain a written resource management review plan for the Ohio state university hospitals consistent with applicable governmental regulations and accreditation requirements.
- (iii) ~~Conduct~~ To conduct resource management studies by clinical ~~service department or division, or~~ by disease entity as requested.
- (iv) ~~Report~~ To report and recommend to the leadership council for clinical value enhancement changes in clinical practice patterns in compliance with applicable

governmental regulations and accreditation requirements, and when the opportunity exists to improve the resource management of the Ohio state university hospital facilities or services.

(3) Outcomes measurement policy group.

(a) Composition:

The members shall be appointed ~~pursuant to these bylaws including physicians in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code, and shall include members of the medical staff from various clinical areas and support services, representation by~~ and representatives of nursing, pharmacy, information systems, hospitals administration, and any other appropriate areas. The chairperson of the policy group ~~will~~ shall be a physician member of the medical staff.

(b) Duties:

- (i) ~~Oversee~~ To oversee the prioritization, planning and analysis of outcomes measurement projects to be conducted as part of quality improvement initiatives at the Ohio state university hospitals. Prioritization and planning should be based on the prioritization criteria and the annual priorities approved by the leadership council for clinical value enhancement.
- (ii) ~~Oversee~~ To oversee the development of outcomes measurement, risk assessment, and risk stratification tools for use in quality improvement initiatives at the Ohio state university hospitals.
- (iii) ~~Report~~ To report and recommend to the leadership council for clinical value enhancement specific process and outcomes measures for each clinical practice guideline.
- (iv) ~~Present~~ To present and communicate outcomes measurement data to the leadership council for clinical value enhancement.
- (v) ~~Oversee~~ To oversee ongoing education of medical staff (including specifically housestaff) and other appropriate ~~hospital~~ Ohio state university hospitals staff regarding the fundamental concepts and value of outcomes measurement and its relation to quality improvement.
- (vi) ~~Initiate~~ To initiate and support research projects when appropriate in support of the objectives of the leadership council for clinical value enhancement.
- (vii) ~~Regularly~~ To regularly report a summary of all actions to the leadership council for clinical value enhancement.

(4) Practice guidelines policy group.

(a) Composition:

The members shall be appointed ~~pursuant to these bylaws including physicians in accordance with paragraph (A)(6) of rule 3335-43-09 of the Administrative Code, and shall include medical staff members from various clinical areas departments and support services, the director of the clinical quality and management policy group,~~ and representation by representatives of nursing and hospitals administration. The chairperson of the policy group ~~will~~ shall be a physician member of the medical staff.

(b) Duties:

- (i) ~~Oversee~~ To oversee the planning, development, approval, implementation and periodic review of clinical practice guidelines for use within the Ohio state university hospitals and its affiliated institutions. Planning should be based on

the prioritization criteria approved by the leadership council for clinical value enhancement and review should focus on incorporating recent medical practice, literature or developments. Annual review should be done in cooperation with members of the medical staff with specialized knowledge in the field of medicine related to the guideline.

- (ii) ~~Report~~ To report regularly to the leadership council for clinical value enhancement for approval of all new and periodically reviewed clinical practice guidelines for use within the Ohio state university hospitals and its affiliated institutions.
- (iii) ~~Oversee~~ To oversee the development, approval and periodic review of the clinical elements of computerized ordersets and clinical rules to be used within the information system of the Ohio state university hospitals and its affiliated institutions. Computerized ordersets and clinical rules related to specific practice guidelines should be forwarded to the leadership council for clinical value enhancement for approval. All other computerized value enhancement for approval. All other computerized ordersets and clinical rules should be forwarded to the leadership council for clinical value enhancement for information.
- (iv) ~~Oversee~~ To oversee the development, approval, implementation and periodic review of clinical care pathways for use within the Ohio state university hospitals and its affiliated institutions.
- (v) ~~Oversee~~ To oversee ongoing education of the medical staff (including specifically housestaff) and other appropriate ~~hospital~~ Ohio state university hospitals staff on the fundamental concepts and value of clinical practice guidelines.
- (vi) ~~Regularly~~ To regularly report a summary of all actions to the leadership council for clinical value enhancement. (B/T 4/7/2000, B/T 10/5/2001)

3335-43-11 Meetings and dues.

(A) Meetings.

The medical staff of the Ohio state university hospitals shall conduct scheduled meetings twice yearly. Notice of the meeting ~~will~~ shall be sent to all attending staff at least two weeks prior to the meeting. Attendance at ~~at least a minimum of~~ one of the two regularly scheduled meetings shall be a requirement for continued medical staff membership and clinical privileges. Exceptions requested in writing in advance may be granted by the chief of staff, chief of staff-elect, or medical director. Unexcused absences ~~will~~ shall be reported to the medical staff administrative committee. ~~A special meeting~~ Special meetings of the medical staff may be called at the option of the medical staff administrative committee.

(B) Dues.

The medical staff, by two-thirds vote of those in attendance at a regularly scheduled meeting, may establish dues. Payment of dues is a requirement for continued staff membership.

3335-43-12 Amendments.

The bylaws committee ~~will~~ shall review the bylaws and rules and regulations as need arises but not less than every two years. This committee ~~will~~ shall recommend changes to the medical staff administrative committee.

These ~~medical staff~~ bylaws may be amended after notice is given at ~~one~~ a meeting of the medical staff administrative committee. Such notice shall be laid on the table until the next meeting and shall require two-thirds vote of the members of the medical staff administrative committee present for approval and submission to the medical staff for ratification. Ratification of an amendment shall be by a plurality of those medical staff members voting through written ballot. When an

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amendment is approved by the medical staff administrative committee and ratified by the medical staff it shall be forwarded in successive order to ~~the following: the Ohio state university hospitals board; the president of the Ohio state university; and the board of trustees of the Ohio state university.~~ Each of the foregoing reviewers which shall accept or reject the requested amendment. The amendment shall become effective when accepted by the board ~~of trustees of the Ohio state university~~ in the form ratified by the medical staff. Significant changes to these bylaws shall be reported in writing to the medical staff and other individuals who have clinical privileges. Neither the medical staff, nor the Ohio state university hospitals board may unilaterally amend these medical staff bylaws.

3335-43-13 Adoption.

(A) Unchanged.

(B) Upon adoption of these bylaws by the Ohio state university hospitals board ~~of trustees of these bylaws, the these~~ bylaws shall replace any previous bylaws, rules and regulations of the medical staff of the Ohio state university hospitals.

3335-43-14 Rules of construction.

(A) "Shall" as used herein is to be construed as mandatory.

(B) These bylaws should be construed to be gender neutral.

Impact Statement

August 23, 2001

The Medical Staff Bylaws and the rules and regulations of The Ohio State University Hospitals East are amended to accomplish the following objectives:

- I. Meet accreditation standards
- II. Modify corrective action provisions to create informal and formal peer review
 - A. Enhance early resolution of problems
 - B. Delineate clear time frames
- III. Amend hearing and appeal process
 - A. Limit appeals to the hospital board by eliminating appeals to the president and board of trustees
- IV. Provide for privileging of licensed healthcare professionals
 - A. Establish disciplinary and appeal rights for licensed healthcare professionals
- V. Clarify voting and meeting criteria
- VI. Delete provisional category of medical staff membership
- VII. Clarify appointment process for clinical department chiefs

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3335-45-04 Appointment and reappointment.

(A) Initial application.

(1) through (3) Unchanged.

(4) A completed application shall include, and the applicant shall have the burden to provide, at a minimum, the following information:

(a) and (b) Unchanged.

(c) The applicant shall at the time of appointment be board certified in a medical specialty approved by the American medical association and American board of medical specialties, or other similarly applicable certifying board for doctors of osteopathy, or practitioners of podiatry, psychology, or dentistry. An applicant who is an active board candidate at the time of initial appointment, shall have three years from the date eligibility was first attained to become board certified. Board certification is a continuing requirement. Whenever recertification is required by an approved subspecialty board, applicants shall meet the terms of recertification. Failure to meet or maintain board certification or recertification shall result in immediate termination from the medical staff. This requirement may be waived by the board at the recommendation of the medical executive committee, upon recommendation of the credentials committee or the medical director;

(d) Unchanged.

(e) ~~Letters of reference from at least two reputable practitioners who are~~ Peer recommendation from individual(s) knowledgeable about the applicant's ~~current professional competence, ethical character~~ clinical and professional ~~judgment~~ skills;

(f) A ~~letter of reference from~~ recommendation on membership and clinical privileges by the chief of the clinical ~~service of a hospital where the practitioner has, or has had~~ current clinical privileges ~~department(s)~~;

(g) and (h) Unchanged.

(i) Agreement to disclose any instance in which the practitioner has at any time experienced the restriction, suspension, revocation, fine or censure, denial, limitation, voluntary or involuntary relinquishment of any of the following: professional licensure, board certification or recertification, DEA registration, suspension or termination pursuant to paragraph (F) of rule 3335-45-07 of the Administrative Code, membership in any professional organization, medical staff membership or privileges, membership or privileges at any other health care facility, and membership or provider status in any state or federal health plan;

(j) through (v) Unchanged.

(B) Action on initial application.

(1) Upon receipt of a timely, signed application for medical staff membership and clinical privileges, the medical director or designee shall review and verify the application for completeness. The medical director or designee will also access the appropriate primary sources, including contact the clearinghouse to determine whether or not any malpractice claims or adverse actions have ever been reported as to the applicant. Any information obtained ~~from the clearinghouse~~ shall be documented in the record of the applicant. An incomplete application shall be returned to the applicant for completion and resubmission. Upon determining that an application is complete, the medical director or designee shall transmit the completed application to the chief of each clinical department in which the applicant seeks clinical privileges and to the credentials committee.

- (2) Upon receipt of a completed application, the chief of each clinical department or designee ~~shall~~ should review such application with the members of the clinical department at the next regularly scheduled meeting of the clinical department or any special meeting of the clinical department called for the purpose of reviewing the application. ~~At such meeting~~
The chief of the clinical department members shall make a recommendation to the credentials committee as to membership and the granting of the clinical privileges requested, and the scope of the privileges to be granted.

(a) Unchanged.

(b) Time periods for processing an application are:

(i) and (ii) Unchanged.

(iii) ~~Executive Medical~~ executive committee review and recommendation within thirty days or one hundred twenty days from submission of a completed application, whichever is less.

(iv) Unchanged.

(3) Unchanged.

(4) The credentials committee shall make a written report of its review to the medical executive committee. Such report shall include a recommendation that the applicant be:

Balance unchanged.

(C) ~~Executive Medical~~ executive committee action on initial appointment.

(1) The medical executive committee will consider the report of the credentials committee and determine the recommendations to be made to the board at the board's next regularly scheduled meeting. The medical executive committee's recommendation shall be transmitted to the board through the medical director, and it shall be the responsibility of the medical director to send any required notices to the applicant.

(2) If the recommendation of the medical executive committee is that the applicant should be appointed to the medical staff, the medical executive committee shall also specifically recommend the clinical privileges to be granted, including any limitations to be imposed upon such clinical privileges. The medical executive committee will also recommend the clinical department(s) and the staff category to which the applicant will be assigned.

(3) If the recommendation of the medical executive committee is to defer action on the application for further consideration, the medical executive committee must specify the specific procedures that will be pursued to make a subsequent recommendation on the applicant's acceptance, rejection, or limitation of privileges.

(4) If the medical executive committee's recommendation is that the applicant should be rejected for medical staff membership, or that the clinical privileges granted to the applicant should be less than requested by the applicant, the medical director shall promptly notify the applicant by certified mail, return receipt requested, of the medical executive committee's recommendation and of his or her appeal rights under rule 3335-45-08 of the Administrative Code. No such adverse recommendation shall be transmitted to the board until the applicant has exercised or has been deemed to waive his or her rights of appeal pursuant to rule 3335-45-08 of the Administrative Code.

(D) Action of the board on initial application.

(1) If the application in question is not subject to an appeal pursuant to rule 3335-45-08 of the Administrative Code, at the next regularly scheduled meeting of the board after the medical executive committee has forwarded its recommendation, the board shall act upon the application. The board may either accept the recommendation of the medical

executive committee, or reject or modify the recommendation of the medical executive committee. If the decision of the board is contrary to the recommendation of the medical executive committee, the board shall submit the matter to the joint conference committee for its review and recommendation and shall consider such recommendation before making its final decision.

- (2) If the recommendation of the medical executive committee has been appealed pursuant to rule 3335-45-08 of the Administrative Code, but the applicant has not requested appellate review by the board of the hearing committee's decision (see paragraphs (I) and (J) of rule 3335-45-08 of the Administrative Code), at the next regularly scheduled meeting of the board after the hearing committee or hearing officer has forwarded its decision, the board will consider the hearing committee's or hearing officer's decision and the recommendation of the medical executive committee, and act upon the application. If the decision of the board is contrary to the original recommendation of the medical executive committee and is adverse to the practitioner, the practitioner shall be entitled to the due process rights of rule 3335-45-08 of the Administrative Code.
- (3) If the recommendation of the medical executive committee has been appealed pursuant to rule 3335-45-08 of the Administrative Code, and the applicant has requested appellate review of the hearing committee's or hearing officer's decision by the board, the decision of the board on appellate review pursuant to rule 3335-45-08 of the Administrative Code shall be the board's action on the initial application.

(4) and (5) Unchanged.

(E) Term of appointment.

- (1) The board will make all appointments to the medical staff. Appointments shall be for two years, provided that all initial appointments shall be provisional in nature with the exception of the peer review medical staff, as per paragraph (B)(4)(d) of rule 3335-45-07 of the Administrative Code, initial appointments, except for the honorary and limited categories, will be provisional for six months regardless of the date of the appointment. Thereafter, the member will be subject to reappointment as set forth in paragraph (F) of this rule.
- (2) Notwithstanding the provisions of this paragraph, the clinical privileges and medical staff membership of any practitioner are subject to continuous review and reconsideration pursuant to these medical staff bylaws and the practitioner's privileges may be suspended or revoked at any time pursuant to rule 3335-45-07 of the Administrative Code, and the applicable provisions of the governing documents of the board.

(F) Reappraisal and reappointment.

- (1) Each member of the medical staff will be reappointed, at a minimum, on a biennial basis (every two years). The credentials committee shall begin to conduct its review one hundred eighty days prior to the end of the biennial period, and consider all pertinent information available on each member whose biennial term expires at the end of the medical staff year for the purpose of making a recommendation on the member's reappointment to the medical staff and for granting of clinical privileges during the term of such reappointment. ~~Provisional members shall be reviewed by the credentials committee at the expiration of their initial appointment for advancement to the active medical staff, the courtesy medical staff, the consulting staff, the limited medical staff, or peer review medical staff. If the reappointment is recommended for the provisional member, the decision regarding the appropriate medical staff category will be made on the basis of utilization of the hospital, meeting and committee attendance, recommendation of the chief of the clinical department and personal request.~~
- (2) Unchanged.

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- (3) The credentials committee will initiate its review by requesting, in writing, a completed and signed reappointment application in a form as prescribed by the medical director containing at least in the following information from the member:

(a) through (d) Unchanged.

(e) A written statement from the practitioner verifying that the practitioner has met all continuing medical education requirements necessary for the maintenance of the practitioner's license and of these bylaws.

(f) and (g) Unchanged.

(4) Unchanged.

- (5) The credentials committee will obtain, at a minimum, the following information from the chief of each clinical department in which the member has such privileges:

(a) through (f) Unchanged.

(g) The member's demonstrated ability to work with other members of the medical staff and with hospital personnel to achieve the deliverance of medical care according to professional standards; ~~and~~

(h) Any other relevant factors, including, but not limited to, disruptive and/or abusive behavior which adversely affects the practitioner's or the hospital's ability to provide care according to professional standards; and

(i) Continuing medical education and applicable continuing professional education requirements, documentation of category I CME that at least in part relates to the individual medical staff member's specialty or subspecialty area and are consistent with the licensing requirements of the applicable state licensing board.

(6) Unchanged.

- (7) The credentials committee shall review peer recommendations ~~(two letters by fellow practitioners with current knowledge of the practitioner's competency)~~ and the information provided by the member and other persons and make any investigation it determines necessary and submit a written recommendation to the medical executive committee on whether to reappoint the member and the extent of privileges, if any, to be granted. Such written recommendation shall be submitted to the medical executive committee for action at its next meeting and to the board at its next meeting after the medical executive committee meeting.

- (8) Upon receipt of the written recommendation by the medical executive committee, the procedures provided in paragraphs (C) and (D) of this rule relating to initial appointments shall be followed.

- (9) The board may reappoint a member of the medical staff as recommended by the medical executive committee for two years.

(G) Unchanged.

3335-45-05 Categories of the medical staff.

(A) The medical staff.

The medical staff is divided into honorary, consulting, active, courtesy, ~~provisional~~, limited, and peer review categories.

(B) The honorary medical staff.

- (1) The honorary medical staff will be composed of those individuals who hold emeritus faculty status and who are recognized for outstanding reputation, notable scientific and professional contributions, and high professional stature. Nomination may be made to the medical director who shall present the candidate to the medical executive committee for approval.

Members of the honorary medical staff shall have access to the medical center and be given notice of all medical staff activities and meetings, however, they shall not be required to attend staff meetings and their medical staff dues shall be waived. They shall enjoy all privileges and responsibilities of active medical staff appointments except the right to vote or hold elected office in the medical staff organization.

- (2) and (3) unchanged.

(C) Unchanged.

(D) The active medical staff.

- (1) Unchanged.
- (2) Members of the active medical staff:
 - (a) Unchanged.
 - (b) Are assessed staff dues as established by the medical executive committee and approved by the board.
 - (c) through (e) Unchanged.
 - (f) Are ~~required~~ strongly encouraged to attend at least fifty per cent of the general medical staff meetings and fifty per cent of the meetings of committees and clinical departments of which they are members.
 - (g) Unchanged.

(E) Unchanged.

~~(F) Provisional appointments.~~

- ~~(1) Except as otherwise determined by the board or otherwise specifically provided for in these rules, all initial appointments to any category of the medical staff shall be provisional. Each practitioner shall be assigned to a clinical department where that practitioner's performance shall be observed by the chief of the clinical department or designee, or by a committee of the clinical department members appointed by the chief of the clinical department, to determine the practitioner's eligibility for regular staff membership in the staff category to which the practitioner was provisionally appointed and for exercising the clinical privileges provisionally granted. An initial appointment and any renewals thereof shall remain provisional until the appointed practitioner has furnished to the credentials committee and to the medical director:~~
 - ~~(a) A statement signed by the chair of the clinical department to which the practitioner is assigned and of each clinical department in which the practitioner exercises privileges that the practitioner meets all of the qualifications, has discharged all of the responsibilities and has not exceeded or abused the prerogatives of the staff category to which the practitioner was provisionally appointed; and~~
 - ~~(b) A statement signed by the chair of the clinical department that the practitioner has demonstrated the ability to exercise the clinical privileges provisionally granted.~~

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~~The credentials committee shall make a recommendation to the executive committee regarding a provisional practitioner's promotion in staff status and the executive committee shall act on such recommendation. To the extent that such recommendation of the executive committee is adverse, the practitioner's medical staff membership and clinical privileges shall be suspended and the practitioner shall be entitled to due process rights as set forth in rule 3335-45-08 of the Administrative Code.~~

~~(2) The executive committee may recommend to the board that a change in staff category of a current staff member or the granting of additional privileges to a current staff member be made provisional in accordance with the procedures provided in this paragraph for initial appointments. Such provisional grants shall not be considered an adverse professional review recommendation or action giving rise to due process rights under rule 3335-45-08 of the Administrative Code.~~

~~(3) Provisional status shall be for a period of one year, which may be renewed for an additional six month period at the discretion of the chair of the clinical department and executive committee.~~

~~(4) Provisional appointees shall have the following prerogatives:~~

~~(a) Have admitting and clinical privileges as designated by the board in the initial appointment; provided however, these practitioners of dentistry who have not been granted privileges as oral and maxillofacial surgeons, and practitioners of podiatry, may only co-admit patients with a physician member of the medical staff, and psychologists may not admit patients;~~

~~(b) Are not assessed staff dues;~~

~~(c) Are not eligible for elected medical staff positions;~~

~~(d) Are required to serve on medical staff committees to which they are appointed;~~

~~(e) Have no vote on medical staff affairs (except in the practitioner's capacity as a medical staff committee member); and~~

~~(f) Are required to attend at least fifty per cent of the general medical staff meetings and fifty per cent of the meetings of committees and clinical departments to which they are assigned.~~

~~(G)~~

(F) The limited medical staff.

(1) Members of the limited medical staff are those practitioners who are participating in either a clinical rotation at the hospital as part of their residency training or a fellowship program:

(a) Unchanged.

(b) Approved by the medical executive committee and the board.

(2) and (3) Unchanged.

(4) Nothing in this rule shall limit the ability of the medical director or designee to grant temporary privileges pursuant to paragraph ~~(D)~~ (F) of rule 3335-45-06 of the Administrative Code.

(5) Unchanged.

~~(H)~~

(G) Staff promotions.

~~(1) Provisional appointment promotions will be done in accordance with the provisions of paragraph (F) of this rule.~~

~~(2)~~

(1) Any requests for advancement in medical staff category shall be made in writing to the medical director or designee. All requests for advancement shall be processed in the same manner as an application for initial appointment as set forth in paragraphs (B) to (D) of rule 3335-45-04 of the Administrative Code.

~~(3)~~

(2) A request for change of status to the honorary or consulting category shall be made in writing to the medical director or designee and processed in the same manner as a request for advancement.

~~(H)~~

(H) Peer review medical staff.

(1) Members of the peer review medical staff are appointed by the medical director and chief of staff with approval by the medical executive committee and board.

(2) through (4) Unchanged.

3335-45-06 Clinical privileges.

(A) Delineation of clinical privileges.

(1) Every practitioner practicing at the hospital by virtue of medical staff membership or under authority granted in these rules shall be entitled to exercise only those clinical privileges specifically applied for and granted to the practitioner by the board, except as provided for in this rule. Request for the exercise and delineation of clinical privileges must be made as part of each application for appointment or reappointment to the medical staff on the approved forms provided by the medical executive committee. Requests must be submitted in accordance with rule 3335-45-04 of the Administrative Code and will be reviewed in accordance with the provisions of rule 3335-45-04 of the Administrative Code.

(2) through (4) Unchanged.

(B) Unchanged.

(C) Podiatric privileges.

All patients admitted for podiatric care shall receive the same medical appraisal as all other hospitalized patients. A member of the medical staff who is a doctor of medicine or osteopathic medicine shall co-admit the patient and be responsible for the history and physical and medical care that may be required at the time of admission or that may arise during hospitalization, and shall determine the need of any proposed procedure on the total health status of the patient. The podiatrist will be responsible for the podiatric care of the patient including the podiatric history and physical examination and all appropriate elements of the patient's record. ~~Any proposed procedures by the podiatrist must be approved by, and under the direct supervision of, an active member of the medical staff who is a doctor of medicine or osteopathic medicine.~~

(D) through (G) Unchanged.

3335-45-07 ~~Corrective~~ Peer review and corrective action, ~~summary suspension and automatic suspension.~~

(A) Informal review.

All medical staff members agree to cooperate in review activities that are solely intended to improve the quality of medical care provided to patients at the hospital and by the individual medical staff member. Such activities may include the handling and informal review of complaints, including patient complaints, disagreements, questions of clinical competence, or conduct and variation in clinical practice identified by the clinical departments or divisions and medical staff committees. The resulting information from such activities shall be furnished to the applicable chief of the clinical department. Upon review by the clinical department chief, and with concurrence of the medical director, the review activity may result in consultation with the medical staff member, recommendations for educational actions or additional training, sharing of comparative data, monitoring, informal letters of reprimand or warning or other methods of guidance to the medical staff member to assist them in improving the quality of patient care outside of the mechanism for peer review in paragraph (B) of this rule. Such actions are not regarded as adverse, do not require reporting to any governmental or other agency, and do not invoke a right to any hearing. In each case under review, an initial written determination shall be made by the clinical department chief and the medical director whether the complaint warrants no further action; informal review under paragraph (A) of this rule; or peer review under paragraph (B) of this rule. In cases where the clinical department chief and medical director cannot agree, the matter shall be submitted and determined as set forth in paragraph (B) of this rule. The chief of the clinical department and the medical director shall determine whether it is appropriate to include documentation of such actions in the medical staff member's file. If documentation is included in the member's file, the affected member shall have an opportunity to review it and may make a written response which shall also be placed in the member's file.

~~(A)~~

(B) ~~Initiation of corrective action~~ Peer review.

(1) ~~Whenever~~ Peer review may be requested in more serious situations or where informal review has not resolved an issue, or whenever the activity or professional conduct of any practitioner with clinical privileges, whether occurring within the hospital or at another location:

(a) and (b) Unchanged.

(c) Violates these medical staff bylaws or rules and regulations of the medical staff, the ~~board~~ hospital, the Ohio state university hospitals board or the Ohio state university board of trustees;

(d) and (e) Unchanged. violates state or federal law; or

(f) ~~Adversely affects or impacts the community's confidence in the hospital's ability to provide quality patient care; or~~

(g) ~~Creates a hostile work environment for hospital members or other medical staff members.~~

(2) ~~Corrective action~~ Peer review may be requested in accordance with paragraph (A)(2) (B) of this rule by any elected officer of the medical staff, the chief of any medical staff clinical department, the chair of any standing committee of the medical staff, the chief executive officer, or the medical director, ~~or the dean.~~

~~(2)~~

(3) A request for ~~corrective action~~ peer review shall be made in writing and shall state the specific activities or conduct forming the basis for the request. A request for ~~corrective action~~ peer review shall be delivered to the medical director who shall forward the request to the medical executive committee.

~~(3)~~

(4) Within seven days following receipt of a request for ~~corrective action~~ peer review, the medical executive committee shall establish an ad hoc committee to investigate the request. Members of the ad hoc committee shall have similar levels of training and qualifications as the member who is subject to peer review. The ad hoc committee shall be comprised of:

(a) One member of the medical staff appointed by the ~~dean~~ chief of staff;

(b) and (c) unchanged.

(d) An outside review consultant may serve as a member of the peer review whenever:

(i) A determination is made by the chief of staff or the clinical department and the medical director that the clinical expertise needed to conduct the review is not available on the medical staff;

(ii) The objectivity of the review may be compromised due to economic considerations; or

(iii) Whenever the medical director determines that an outside review is otherwise advisable.

If an outside reviewer is recommended, the chief of the clinical department shall make a written recommendation to the medical director for selection of an outside reviewer. The medical director shall make the final selection of an outside reviewer.

(e) Notwithstanding the foregoing, if the request for ~~corrective action~~ peer review involves the chief of the clinical department, the ~~chief of staff~~ medical director shall appoint another member to serve on the ad hoc committee. In addition, if the request for ~~corrective action~~ peer review involves the chief of staff, the medical executive committee, without the participation of the chief of staff, shall make the ad hoc committee appointments which would otherwise be made by the chief of staff. If the request for ~~corrective action~~ peer review involves the medical director ~~or the dean~~, the chief of staff shall make the ad hoc committee appointments which would otherwise be made as provided above.

~~(B)~~

(C) Investigation.

(1) Upon its appointment, the ad hoc committee will immediately proceed to investigate, in any manner it deems appropriate, the allegations contained in the request for ~~corrective action~~ peer review. In conducting its investigation, the ad hoc committee may, but is not required to: interview the affected practitioner; interview any other individuals who may have information pertinent to the investigation; review any relevant medical records; review any relevant quality improvement data or studies; obtain the review of the relevant medical records by an individual within the same or similar specialty as the affected practitioner; and undertake any other actions which are intended to provide information relevant to the investigation. The ad hoc committee shall attempt to determine the facts surrounding the request for ~~corrective action~~ peer review, and whether ~~corrective action~~ peer review is appropriate under the circumstances. If formal ~~corrective action~~ review is not necessary or appropriate, the ad hoc committee shall work with the affected practitioner and the person requesting the ~~corrective action~~ peer review to informally resolve the problems or concerns resulting in the request for ~~corrective action~~ peer review. The ad hoc committee's investigation and any interviews conducted shall not constitute a hearing and none of the procedural rules provided in these rules with respect to a hearing shall apply.

- (2) Within fourteen days after its appointment, or within ten days after its appointment in the case of a summary suspension under paragraph ~~(D)(3)(b)~~ (E)(3)(b) of this rule, the ad hoc committee will prepare a written report of its investigation, factual findings and recommendations to the medical executive committee as to what action, if any, should be taken regarding the request for ~~corrective action~~ peer review. The ad hoc committee may recommend one or more of the following actions:

- (a) The request for ~~corrective action~~ peer review be dismissed because no formal action is necessary or appropriate;
- (b) The request for ~~corrective action~~ peer review be rejected as without basis;
- (c) The request for ~~corrective action~~ peer review be modified;
- (d) The request for ~~corrective action~~ peer review be accepted and any of the following professional review actions be taken:
 - (i) through (vii) Unchanged.

In addition, in the case of a summary suspension under paragraph ~~(D)(3)(b)~~ (E)(3)(b) of this rule, the ad hoc committee shall make a finding as to whether or not the practitioner's exercise of clinical privileges may result in an imminent danger to the health of any individual. If the ad hoc committee finds that the practitioner's exercise of privileges may result in such danger, the summary suspension shall continue in effect until the conclusion of the ~~corrective action~~ peer review process and any hearing and appeal. Otherwise, the summary suspension shall terminate by its own terms.

- (3) The report and recommendation of the ad hoc committee shall be delivered by the medical director to the medical executive committee, and a copy shall be sent to the affected practitioner by certified mail return receipt requested. The affected practitioner shall be advised that, within ten days from its receipt, he or she may respond in writing to the ad hoc committee's report and recommendation, by delivering the written response to the medical director or the medical director's designee.

~~(C)~~

(D) Action on ad hoc committee recommendations.

- (1) At the next regularly scheduled meeting of the medical executive committee after the time for submitting written comments has expired, or at a special meeting called for this purpose, the medical executive committee shall review the report and recommendation of the ad hoc committee, the written comments, if any, submitted by the affected practitioner, and any other supporting information submitted by ad hoc committee or the affected practitioner. The medical executive committee shall take such action or make such recommendation to the board on the request for ~~corrective action~~ peer review, as it determines to be appropriate including any and all such actions and recommendations as are described in paragraph ~~(B)(2)~~ (C)(2) of this rule.
- (2) The medical director shall notify the practitioner of the recommendation and, in the case of a recommendation which may adversely affect the practitioner's status as a member of the medical staff or exercise of clinical privileges, the right to a hearing under rule 3335-45-08 of the Administrative Code. Such notification shall be sent by certified mail, return receipt requested. The medical executive committee's recommendation shall not be transmitted to the board until the practitioner has exercised or waived the applicable hearing and appeal rights under rule 3335-45-08 of the Administrative Code.

~~(D)~~

(E) Summary suspension.

- (1) Upon the recommendation or concurrence of either the chief of a clinical department, the chief of staff, the medical executive committee or the board, the medical director may suspend all or a portion of the clinical privileges of a practitioner, effective immediately,

without prior notice or opportunity for a hearing. Such a summary suspension shall be imposed when immediate action is necessary or appropriate in the best interest of the patients in the hospital or in the best interest and safety of medical staff members or hospital employees.

- (2) The medical director shall immediately give notice of such summary suspension to the affected practitioner by hand delivery and by certified mail, return receipt requested. In addition, the medical director shall notify the chief executive officer and the medical executive committee of the summary suspension.
- (3) The medical executive committee shall review the summary suspension within seventy-two hours of its imposition and either:
 - (a) Unchanged.
 - (b) Maintain or modify the summary suspension for a total period of up to ten days while the investigation process set forth in paragraph ~~(B)~~ (C) of this rule proceeds; or
 - (c) Maintain or modify the summary suspension for an indefinite period of time, until the conclusion of the ~~corrective action~~ peer review process and any hearing and appeal, based upon the medical executive committee's conclusion that the practitioner's exercise of clinical privileges may result in an immediate danger to the health of any individual. The medical executive committee shall treat the imposition of a summary suspension, whether or not it continues in effect, as a request for corrective action pursuant to this rule.
- (4) Unchanged.

~~(E)~~

(F) Automatic suspension or termination.

- (1) Any practitioner whose license, certificate or other legal credential authorizing him or her to practice his or her profession in this state is revoked or suspended by any agency of the state of Ohio shall immediately and automatically be terminated from staff status and from exercising his or her clinical privileges at the hospital. If such license, certificate or other legal credential is only partially limited or restricted, clinical privileges within the scope of such limitation or restriction shall automatically be suspended; provided that such limitation or restriction may give rise to an investigation for corrective action pursuant to paragraphs ~~(A)~~ (B) and ~~(B)~~ (C) of this rule.
- (2) A practitioner whose DEA number or other right to prescribe or administer controlled substances is revoked or suspended shall immediately and automatically be terminated from practicing at the hospital, from his or her staff status, and from exercise of clinical privileges. If such number or other right to prescribe or administer controlled substances is partially limited or restricted, clinical privileges within the scope of such limitation or restriction shall be automatically suspended; provided that such limitation or restriction may give rise to an investigation for corrective action pursuant to paragraphs ~~(A)~~ (B) and ~~(B)~~ (C) of this rule.
- (3) Any medical staff member or licensed health care professional whose participation in any federally funded reimbursement program is terminated by those programs, or who is otherwise excluded or suspended from participation in whole or part in these programs for reasons of competency due to clinical competency or professional ethics or character, shall automatically relinquish all clinical privileges as of the effective date of the termination, exclusion or suspension. If the medical staff member's or licensed health care professional's participation in these programs is not fully reinstated by the expiration of the medical staff member's or licensed health care professional's then current reappointment term, the affected medical staff member or licensed health care professional will be deemed to have relinquished all clinical privileges at that time. It shall

be the duty of all medical staff members and licensed health care professionals to promptly inform the medical director of any action taken, or the initiation of any process which could lead to such action taken by any of these programs.

~~(3)~~

(4) Unchanged.

~~(4)~~

(5) An automatic suspension of all of a practitioner's admitting and clinical privileges (except with regard to the practitioner's current inpatients) may be imposed by the medical director for failure to complete medical records in a timely fashion as defined by the medical staff rules and regulations. Such suspension shall remain in effect until such time as all delinquent medical records have been completed and filed with the medical records department of the hospital as determined by the medical director. Repeated failure to complete medical records within the time limits specified in the medical staff rules and regulations may result in the filing of a request for ~~corrective action~~ peer review against the practitioner.

~~(5)~~

(6) Unchanged.

~~(6)~~

(7) Unchanged.

~~(7)~~

(8) Unchanged.

~~(8)~~

(9) Unchanged.

~~(9)~~

(10) Unchanged.

~~(10)~~

(11) Unchanged.

~~(11)~~

(12) Unchanged.

~~(12)~~

(13) Any practitioner's clinical privileges automatically suspended under paragraph ~~(E)(1)~~ (F)(1) or ~~(E)(2)~~ (F)(2) of this rule shall not, by the passage of time or the curing of the event which gave rise to automatic suspension, be automatically reinstated. Instead, in order to regain clinical privileges, such practitioners shall be required to file an application for medical staff membership and clinical privileges which application shall be processed as provided in rule 3335-45-04 of the Administrative Code.

3335-45-08 Hearing and appellate review.

(A) Definitions.

The following terms shall have these meanings when used in this article, unless otherwise specified:

(1) Unchanged.

- (2) "Adverse professional review recommendation or action" refers to a recommendation or action by the medical executive committee or an action by the board, which may adversely affect the practitioner's appointment to or status as a member of the medical staff or the practitioner's exercise of clinical privileges.
- (3) "Parties" shall mean the affected practitioner and either the member of the medical executive committee designated to represent the medical executive committee's position in the case of a hearing on an adverse professional review recommendation or decision by the medical executive committee, or the member of the board designated to represent the board position in the case of a hearing on an adverse professional review decision of the board.

(B) Adverse professional review recommendation or action.

A practitioner shall be entitled to a hearing pursuant to the provisions of these rules only after an adverse professional review recommendation or adverse professional review action involving:

(1) through (12) Unchanged.

~~(13) Termination of staff status or privileges for failure to advance from provisional status pursuant to paragraph (F) of rule 3335-45-05 of the Administrative Code.~~

~~(14)~~

(13) Such other actions which constitute a reportable adverse professional review decision under the Healthcare Quality Improvement Act of 1986 as amended, or state law.

(14) Notwithstanding the foregoing, none of the following actions or recommendations shall be "adverse professional review actions or recommendations" entitling a practitioner to the due process rights of this rule:

(a) Requirements of consultation, supervision or monitoring which are imposed on ~~practitioners holding provisional status or clinical privileges for a provisional period or which are imposed on~~ a practitioner but do not restrict the clinical privileges of the practitioner or the delivery of professional services to patients.

(b) Unchanged.

(c) Actions by the medical executive committee adopting a sanction as described in paragraphs ~~(B)(2)(d)(i)~~ (C)(2)(d)(i) or ~~(B)(2)(d)(ii)~~ (C)(2)(d)(ii) of rule 3335-45-07 of the Administrative Code.

(d) through (g) Unchanged.

(C) Right to hearing and appellate review.

(1) A practitioner shall be entitled to a hearing only upon request and only after:

(a) An adverse professional review recommendation by the medical executive committee;

(b) An adverse professional review action by the board contrary to a favorable recommendation by the medical executive committee; or

(c) An adverse professional review action by the board in the absence of a recommendation by the medical executive committee.

(2) The hearing procedure following an adverse professional review recommendation by the medical executive committee shall consist of a hearing before a hearing committee or hearing officer appointed pursuant to paragraph (I) of this rule and an appellate review of an adverse professional review recommendation or action by the hearing committee as such appellate review is provided for in these rules. The hearing procedure following an adverse professional review action of the board pursuant to paragraph (C)(1)(b) or (C)(1)(c) of this rule shall consist of a hearing before a hearing committee or hearing officer appointed pursuant to paragraph (I) of this rule and an appellate review of an adverse professional review recommendation by the hearing committee as such appellate review is provided for in these rules.

(D) Voluntary limitations.

At any time after an adverse professional review recommendation or adverse professional review action (including a summary professional review action) and prior to the final action of the board, the affected practitioner may request to agree to the proposed action or recommendation or to resign from staff status and surrender his or her clinical privileges or to agree to a modification of the proposed action or recommendation. The medical executive committee or board, whichever body initiated the adverse professional review recommendation or action, shall accept or reject the practitioner's proposal or suggest an alternative proposal. The chief executive officer or designee shall report to the state medical board or other authorities, as required by state and/or federal law, a practitioner who resigns from the medical staff and surrenders his or her clinical privileges pursuant to this paragraph.

(E) and (F) Unchanged.

(G) Waiver by failure to request a hearing.

A practitioner who fails to request a hearing within the time and in the manner specified in paragraph (F) of this rule waives any right to such hearing and to any appellate review to which he or she might otherwise have been entitled. Such waiver in connection with:

(1) Unchanged.

(2) An adverse professional review recommendation by the medical executive committee shall constitute acceptance of the recommendation which shall thereupon become and remain effective pending the final action of the board. A practitioner who has waived the right to a hearing regarding an adverse professional review recommendation of the medical executive committee is not entitled to a hearing on an adverse professional review action of the board based upon such adverse professional review recommendation of the medical executive committee.

(H) Notice of hearing.

(1) Upon receipt of a request for hearing, occasioned by an adverse professional review recommendation of the medical executive committee, the medical director will give notice of the request for hearing to the chief of staff and to the chief executive officer. Persons to serve on the hearing committee or as the hearing officer shall be immediately appointed as provided in paragraph (I) of this rule. If a hearing is the result of an adverse professional review action of the board pursuant to paragraphs (C)(1)(b) and (C)(1)(c) of this rule, upon receipt of a timely request for a hearing, the medical director shall deliver such request to the board and the board shall schedule and arrange for a hearing.

The medical director will arrange a hearing to be held not less than thirty days, nor more than forty-five days after receipt of the request for a hearing. However, in the case of a practitioner who is subject to a summary suspension then in effect, the hearing shall be held as soon as appropriate arrangements may reasonably be made, but not later than

thirty days from the date of receipt of the request for hearing, unless the practitioner waives, in writing, the right to have the hearing conducted within that time period.

- (2) The medical director shall send a notice of the date, time, and place of the hearing by certified mail, return receipt requested to the affected practitioner and to the member(s) of the hearing committee or hearing officer as soon as arrangements for the hearing have been made. Such notice shall also include a list of witnesses, if any, expected to testify on behalf of the medical executive committee or the board, depending on whose action prompted the request for a hearing. Such notice shall be sent to the practitioner at least thirty days in advance of the hearing, unless a summary suspension is currently in effect, in which case the notice shall be sent as soon as reasonably possible.

(I) Hearing committee.

- (1) Unchanged.

- (2) For hearings occasioned by an adverse professional review recommendation of the medical executive committee, the hearing committee will consist of one of the following alternatives as determined jointly by the chief of staff and the medical director:

- (a) Unchanged.

- (b) A hearing officer or arbitrator who is appointed jointly by the chief of staff and medical director, who is acceptable to the practitioner and to the medical executive committee, and who is not in direct economic competition with the affected practitioner involved.

No one who actively participated in the consideration of the adverse recommendation or action shall be appointed to the hearing committee.

- (3) Unchanged.

(J) Conduct of hearing.

- (1) through (7) Unchanged.

- (8) The medical executive committee or the board, as applicable, may appoint one of its members to represent it, and defend its recommendation or action at the hearing. If the practitioner will be accompanied or represented by legal counsel at the hearing, the medical executive committee or the board may also be accompanied or represented by legal counsel at the hearing.

- (9) and (10) Unchanged.

- (11) Within fourteen days after the hearing is closed, the hearing committee or hearing officer shall deliberate and make its decision. The hearing committee or hearing officer shall forward its written report and recommendation together with the transcript of the hearing and all other documentation provided by the parties to the body whose adverse professional review recommendation or action occasioned the hearing. The report shall concisely state the reasons for the findings and recommendations made in the report. The report shall also specifically affirm, reverse or modify the adverse professional review recommendation or action which was reviewed. The medical executive committee or board, as appropriate, shall accept, reject, or modify the recommendation of the hearing committee or hearing officer or may conduct further hearings as it deems necessary or may remand the matter back to the hearing committee or hearing officer for further action as directed. The medical executive committee or the board may impose a greater or lesser sanction than that recommended by the hearing committee or hearing officer.

An action of the medical executive committee shall be forwarded to the board. The affected member of the medical staff shall be notified of the action of the medical

executive committee by the medical director. The action and record of the medical executive committee including the hearing committee or hearing officer report shall be reviewed by the board, which shall have the authority to accept, reject, or modify the previous action forwarded to them. When the board has made its decision, notice of that action shall be sent certified return receipt mail to the affected medical staff member at the member's last known address as determined by hospital records.

If any action of the board is adverse to the practitioner, the notice of action will inform the practitioner of the right to an appellate review as described in these rules.

(K) Appellate review.

(1) and (2) Unchanged.

(3) The affected medical staff member shall have access to the reports and records, including transcripts, if any, of the hearing committee or hearing officer and of the medical executive committee and all other material, favorable or unfavorable, that has been considered by that committee and the board. The staff member shall then submit a written factual statement indicating those factual and procedural matters with which the member disagrees, and the reasons for such disagreement, shall be specified. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the Ohio state university hospitals board chair at least seven days prior to the scheduled date for review.

(4) Unchanged.

(5) The Ohio state university hospitals board may affirm, modify or reject any prior action, or refer the matter back to the board for further review and recommendation within fourteen days. Such referral may include a request for further investigation. The Ohio state university hospitals board's action shall be the final action and that decision shall be sent certified return receipt mail to the affected medical staff member's last known address as determined by hospital records.

~~(L) Appeal to the board of trustees of the Ohio state university.~~

~~(1) If the affected medical staff member wishes to appeal the final action of the Ohio state university hospitals board, the member may within fourteen days after notification of the Ohio state university hospitals board's action request the entire record of proceedings of the Ohio state university hospitals board be forwarded to the board of trustees of the Ohio state university for review. If such review is not requested within such fourteen day period, the affected practitioner shall be deemed to have waived the right to the appeal and to have accepted the action of the Ohio state university hospitals board, and the same shall become effective immediately. The Ohio state university board, in its discretion, may upon review of the record accept, reject, or modify the action of the Ohio state university hospitals board. It may request the record of proceedings of the executive committee as well as any information considered by the board and the Ohio state university hospitals board in order to take specific action relating to the matter under review.~~

~~(2) The secretary of the board of trustees of the Ohio state university shall notify the executive committee and the Ohio state university hospitals board of the action taken by the board of trustees of the Ohio state university. subsequent to this notification, the secretary of the board of trustees of the Ohio state university shall send notice to the affected medical staff member of the final action taken on the appeal.~~

3335-45-10 Officers.

(A) and (B) unchanged.

(C) Nomination.

- (1) At least thirty days prior to an annual meeting of the medical staff at which officers will be elected, the medical executive committee will appoint five members of the active medical staff to serve as a nominating committee. The nominating committee shall select one or more nominees for each office, including a representative of the courtesy medical staff and a slate listing the names of all nominees shall be posted in a conspicuous place at the medical staff entrance to the hospital and transmitted in writing directly to each member of the medical staff entitled to vote at least fourteen days prior to the annual meeting.

- (2) Unchanged.

(D) through (F) Unchanged.

(G) Duties of officers.

- (1) Chief of staff.

The chief of staff shall:

- (a) and (b) Unchanged.

- (c) Serve as the vice-chair of the medical executive committee.

- (d) and (e) Unchanged.

- (f) Jointly with the medical director appoint members to and chairs of all committees of the medical staff except as otherwise provided by these rules with approval of the medical executive committee and the board.

- (g) Represent the views, policies, needs and grievances of the medical staff to the medical director and executive director of the hospital, and, when appropriate, through the medical director or medical executive committee to the board.

- (h) Fill any vacancy which occurs in the position of the courtesy medical staff representative to the medical executive committee.

- (i) through (l) Unchanged.

- (2) Chief of staff-elect.

The chief of staff-elect shall:

- (a) Unchanged.

- (b) Serve as a member of the medical executive committee.

- (c) Perform such other duties as may be assigned by the chief of staff or the medical executive committee.

- (d) and (e) Unchanged.

- (3) Representative of the courtesy staff.

The representative of the courtesy staff shall serve on the medical executive committee as provided for in paragraph (E) of rule 3335-45-11 of the Administrative Code.

(H) Suspension/removal of officers.

Any officer may be suspended or removed from office for valid cause, including, but not limited to, serious neglect or misfeasance in office, by either a two-thirds vote of the medical executive committee members in attendance at a meeting in which a quorum is present, or by a two-thirds vote of the voting members of the medical staff in attendance at a meeting in which a quorum is present. Upon the written request of the affected officer to the medical executive committee within fourteen days of any suspension or removal by the medical executive committee, the suspension or removal will be submitted for review by the voting members of the medical staff at a special meeting called for such purpose. Ratification of the medical executive committee action requires an affirmative vote of two-thirds of the voting members of the medical staff in attendance at a meeting in which a quorum is present. The suspension or removal of an officer is an action that is not subject to any other appeal.

3335-45-11 Committees.

(A) General designation and substitution.

- (1) There shall be ~~an~~ a medical executive committee, a bylaws committee, and such other standing and special committees of the medical staff responsible to the medical executive committee as may from time to time be necessary and desirable to perform required medical staff functions. The medical executive committee may establish a medical staff committee to perform one or more of the required medical staff functions.
- (2) Committees of the medical staff shall be designated as standing or special. Standing committees shall consist of the medical executive committee and the medical staff bylaws committee. Special committees shall be those committees that the medical executive committee shall from time to time determine to be necessary and create.

Whenever these rules require that a function be performed by or that a report or recommendation to:

- (a) Unchanged.
- (b) The medical executive committee, but a standing or special committee shall have been formed to perform the function, the committee so formed shall act in accordance with the authority delegated to it.
- (3) Unchanged.
- (4) All committee members, unless specifically provided otherwise, are appointed jointly by the chief of staff and the medical director, with the consent of a majority vote of the medical executive committee.

(B) Unchanged.

(C) Committee chair.

Unless otherwise specified herein, the chair of each committee shall be determined as provided for in paragraph (G)(1)(f) of rule 3335-45-10 of the Administrative Code, with the exception of the medical executive committee which shall be chaired by the medical director.

(D) Authority and manner of acting.

- (1) All committees of the medical staff, except the medical executive committee, are subject to the authority of, and shall report to the medical executive committee.

(2) Unchanged.

(3) Unless otherwise provided in these rules or directed, in writing, by the medical executive committee, any committee may recommend any action to the medical executive committee by the vote of a majority of its members present at a meeting in which a quorum is present.

(4) Committees are authorized to perform such functions as are specified in these rules or as may be directed by the medical executive committee.

(5) Unchanged.

(E) ~~Executive~~ Medical executive committee.

(1) Composition. The medical executive committee shall consist of the chief of staff; chief of staff-elect the chiefs of the departments of anesthesia, drug and alcohol abuse rehabilitation, surgery, internal medicine, neurology, family medicine, emergency medicine, musculoskeletal diseases orthopedics, pathology, radiology; one elected officer representative of the courtesy medical staff; ~~one individual representing all three clinical departments of anesthesiology, pathology and radiology; medical director of Talbot hall; associate medical director;~~ medical director; medical director of the Ohio state university hospitals; chief executive officer; the senior vice president for health sciences and dean of the college of medicine and public health or designee; and dean, college of nursing.

(2) and (4) Unchanged.

(5) Duties and responsibilities. The duties of the medical executive committee are:

(a) ~~Represent~~ To represent and to act for the medical staff in intervals between medical staff meetings, subject to such limitations as may be imposed by these rules, bylaws of the Ohio state university hospitals board, the bylaws or rules of the trustees of the Ohio state university.

(b) through (l) Unchanged.

(m) To take all reasonable steps to ensure ethical professional conduct and competent clinical performance on the part of all members of the medical staff and any other practitioners or ~~allied~~ health care professionals providing patient care in the hospital; and

(n) To undertake all duties assigned to the medical executive committee in these rules or directed by board through medical director;

(o) and (p) Unchanged.

(6) Meetings. The medical executive committee will meet at least monthly at such time and place as the medical executive committee shall determine. The agenda for medical executive committee meetings will be made under procedures that the medical executive committee will establish for its internal governance. There shall be a fifty per cent attendance requirement for each member of the medical executive committee.

(F) Bylaws committee.

The bylaws committee shall:

(1) Unchanged.

(2) Submit recommendations to the medical executive committee and to the medical staff regarding these documents.

(3) Unchanged.

(G) Credentials committee.

(1) Composition. The committee shall be composed of nine members of the medical staff. Appointments to the committee shall be in accordance with the medical staff bylaws of the Ohio state university hospitals.

(2) Duties.

(a) Following the recommendation of the chief of the clinical department, the committee will receive, through the office of the medical director, all applications for medical staff appointment and reappointment, and receive all requests for delineation, renewal, or amendment of clinical privileges.

(b) The chief of the clinical department will assure that the requests and applications include letters of reference from medical school, internship and residency, other post-graduate experiences, and that reference audits have been completed. The chief of the clinical department will assure that the applicant meets the criteria for membership and for clinical privileges set forth in the medical staff bylaws. This review shall be submitted by the chief of the clinical department to the committee within sixty days of receipt of the signed and completed application or request.

(c) The committee will review all applications for medical staff appointments and reappointment, as well as all requests for delineation, renewal, or amendment of clinical privileges in the manner provided in these medical staff bylaws, including applicable time limits.

(d) Renewal applications will be reviewed biennially unless a change in appointment or privileges is otherwise received from the chief of the clinical department.

(e) It will be the responsibility of the chairperson of the committee to assure that all records of peer review activity taken by the committee, including committee minutes, are handled and kept with utmost confidentiality. The committee may conduct investigations and interview applicants as needed to discharge its duties. The committee may refer issues and receive issues as appropriate from other medical staff committees.

(f) The committee will make its recommendation to the medical executive committee through the medical staff through the office of the medical director. Applications and requests referred to the medical executive committee will have the following information: name, status, department (divisions), medical school and year of graduation, residency and fellowships, medical-related employment since graduation, board certification and recertification, licensure status as well as all other relevant information concerning the applicant's competence and qualifications.

(g) The committee or the medical director may request the medical executive committee to consider certain applications in executive session.

(h) The committee, after review and investigation of matters related to its responsibilities, may make recommendations to the medical director, chief of staff, or the chief of a clinical department, requesting the restriction or limitation of any medical staff member's clinical privileges, for noncompliance with the credentialing process. The committee will review all grants of special or temporary privileges and will review clinical privileges for associates to the medical staff as well as physician assistants.

(3) Licensed health care professionals subcommittee.

(a) Composition. The members of the licensed health care professionals subcommittee, who are currently licensed health care professionals and are granted hospital privileges shall be appointed to the subcommittee of the credentials committee, and shall include the director of nursing as a co-chair, certified nurse midwife, certified

registered nurse anesthetist, certified nurse practitioner, clinical nurse specialist, and other appropriate licensed health care professional representation.

(b) Duties. The subcommittee shall review all completed applications as may be referred by the credentials committee and shall proceed to:

(i) Review and investigate the character, qualifications and professional competence of the applicant;

(ii) Review the applicant's patient care quality indicator definitions on initial appointment and the performance-based profile on reappointment;

(iii) Verify the accuracy of the information contained in the application; and

(iv) Request a personal interview with the applicant, if deemed appropriate.

Following review of the application, the subcommittee will forward a written recommendation to the credentials committee within thirty days. The credentials committee, at its regularly scheduled meeting, will review and act on the recommendations from the subcommittee.

(H) Infection control committee.

(1) Composition. The committee members shall be appointed pursuant to the medical staff bylaws and shall also include representation of nursing, environmental services and hospital administration. The chairperson will be a physician with experience and/or training in infectious diseases.

(2) Duties.

(a) Oversee surveillance and institute any recommendations necessary for the investigation, prevention, containment of nosocomial and clinical infectious diseases of both patients and staff at the hospital, and subject to JCAHO standards.

(b) The chairperson of the committee, and the hospital epidemiologist, in consultation with the medical director of the Ohio state university hospitals east, will take necessary actions to prevent and control emerging spread or outbreaks of infections; isolate communicable and infectious patients as indicated; and obtain all necessary cultures in emergent situations when the responsible medical staff member is unavailable.

(I) Ethics committee.

(1) Composition. The committee shall consist of members of the medical staff, nursing, hospital administration, and other persons who by reason of training, vocation, or interest may make a contribution. Appointments will be made as provided in the medical staff bylaws of the Ohio state university hospitals.

(2) Duties.

(a) Make recommendations for the development of guidelines or policies regarding ethical issues.

(b) Provide ethical guidelines and information in response to requests from members of the medical staff, patients, patient's family or other representative, and staff members of the hospital.

(c) Provide a support mechanism for primary decision-makers at the hospital.

(d) Provide educational resources on ethics to all health care providers at the hospital.

- (e) Provide and enhance interaction between hospital administration and staff, departmental ethics committees, pastoral care services and members or the medical staff.

(J) Committee for physician health.

- (1) Composition. The committee shall consist of seven medical staff members appointed pursuant to the medical staff bylaws of the Ohio state university hospitals.

(2) Duties.

- (a) Consider issues of physician health or impairment when requested to do so by the physician or another member or committee of the medical staff, hospital staff, or any other individual.
- (b) Provide appropriate counsel and referral to enable physician to provide appropriate standards of care.
- (c) Consult regularly with the chief of staff and medical director of the hospital.
- (d) Advise credentials committee and/or other appropriate medical staff committees on any issues affecting the quality of patient care.
- (e) Educate medical staff and other organization staff about illness and impairment recognition issues specific to physicians, self-referral by a physician and referral by other organization staff.
- (f) Referral of the affected physician to the appropriate professional internal or external resources for diagnosis and treatment of a condition or concern.
- (g) Assure maintenance of confidentiality of the physician seeking referral or referred for assistance, except as limited by law, ethical obligation, or when the safety of a patient is threatened.
- (h) Evaluate the credibility of a complaint, allegation or concern.
- (i) Monitor the affected physician and the safety of patients until the rehabilitation or any disciplinary process is complete.
- (j) Report to medical staff leadership any instances in which a physician is providing unsafe treatment.

~~(G)~~

(K) Termination of committees.

- (1) Unchanged.
- (2) A special committee of the medical staff may be abolished by the imposition of a specific limitation upon its duration, or, at any time, by a resolution adopted by a majority vote of the medical executive committee.

~~(H)~~

(L) Certain review functions.

The medical staff, through the appropriate clinical departments, medical executive committee or other standing or special committees, shall perform or participate in the following review functions:

- (1) through (10) Unchanged.

- (11) Provide continuing professional education responsive to evaluation findings and new clinical developments; ~~and~~
- (12) Direct staff organizational activities including medical staff bylaws review, staff officer and committee selections, liaison with the board and hospital administration, and review and maintenance of hospital accreditation; and
- (13) Review, analyze and evaluate, on a continuing basis, the performance of the medical staff and other health care providers; and advise the clinical department clinical quality subcommittees in defining, monitoring and evaluating quality indicators of patient care and services.

3335-45-12 Clinical departments.

(A) Organization of the medical staff of the hospital into clinical departments and divisions.

- (1) Each member of the active, courtesy, honorary, consulting, ~~provisional~~ medical staff and physicians in training shall be assigned to a clinical department or division upon the recommendation of the chief of the clinical department concerned subject to the approval of the medical director, medical executive committee and the board.
- ~~(2) There shall be three academic departments at the hospital: departments of musculoskeletal diseases, family medicine, and emergency medicine.~~
- ~~(3)~~
- (2) Clinical departments of the medical staff include, but are not limited to, the following:
 - (a) Unchanged.
 - (b) Department of family ~~practice~~ medicine.
 - (c) through (g) Unchanged.
 - (h) Department of ~~musculoskeletal diseases~~; orthopedic with sections of:
 - (i) podiatry
 - (ii) joint replacement
 - (iii) sports medicine
 - (i) Department of drug and alcohol rehabilitation (~~Talbot hall~~).
 - (j) Department of neurology.

(B) Clinical departmental chiefs.

- (1) Qualifications of clinical departmental chiefs. Clinical departmental chiefs must be active members of the medical staff. In the hospital-based clinical departments (anesthesiology, radiology, pathology and emergency departments), the clinical departmental chiefs must be a member of the ~~provisional or~~ active medical staff at the time of appointment. All clinical departmental chiefs must remain members in good standing during the term of office. Failure to maintain such status will be grounds for immediate suspension from the office of the clinical departmental chief. Each clinical department chief shall be qualified by education and experience appropriate to the discharge of the responsibilities of the position. Qualifications for the chief of the clinical department generally shall include recognized clinical competence, sound judgment, and well-developed administrative skills.

- (2) Appointment of clinical departmental chiefs. The academic department chair will ordinarily serve also as the chief of the clinical department. ~~Whenever there is no academic department at the hospital,~~ The chief of the clinical department will be appointed by the medical director, in consultation with the senior vice president for health sciences and dean of the college of medicine and public health or dean of dentistry when appropriate, and shall recommend the appointment of a clinical departmental chief or acting clinical departmental chief to the board after approval by the medical executive committee. All appointments of clinical departmental chiefs shall be subject to approval by the board.
- (3) Term. The clinical departmental chiefs shall serve designated terms of up to four years usually beginning the first day of July following appointment. All clinical departmental chiefs are subject to periodic performance reviews by the medical executive committee and board, and they may be removed for cause. Prior to the end of the designated term of appointment, a formal review will be conducted and will serve as the basis of the recommendation for reappointment. The reappointment procedure will be as outlined in paragraph (B)(2) of this rule.
- (4) Responsibilities. Clinical departmental chiefs shall:
- (a) Be accountable to the medical executive committee for all clinically related activity and medical staff administrative activities within the clinical department;
 - (b) and (c) Unchanged.
 - (d) Recommend to the credentials committee and the medical executive committee the criteria for the granting of clinical privileges in the clinical department;
 - (e) through (i) Unchanged.
 - (j) Call meetings at least quarterly of the clinical department, presiding over such meetings and keeping, or causing to be kept, accurate and complete minutes of such meetings; minutes of the meeting, including a record of attendance will be kept in the clinical departmental and the medical director's office. ~~Greater than fifty per cent of unexcused absence could serve as the basis for a recommendation of non-appointment to the medical staff;~~
 - (k) Unchanged.
 - (l) Such other responsibilities as may be assigned by the medical director, medical executive committee or the board;
 - (m) through (s) Unchanged.
- (C) Functions of clinical departments.
- (1) Each clinical department will function as a component of the medical staff under the authority of the medical executive committee.
 - (2) Unchanged.
 - (3) Each clinical department shall submit reports to the medical executive committee detailing the clinical department's activities, including minutes of each clinical departmental meeting.
- (D) Unchanged.

(E) Clinical sections and subsections.

Clinical sections or subsections may be added or deleted upon the recommendation of the clinical department chief with the concurrence of a majority of the medical executive committee. The chief of a clinical department may appoint a section chief subject to the approval of the medical director and the medical executive committee. (B/T 5/7/99, B/T 9/1/99, B/T 10/1/99, B/T 10/5/2001)

3335-45-13 Meetings.

(A) through (C) Unchanged.

(D) Special meetings.

(1) Active medical staff meetings.

(a) Special meetings of the active medical staff may be called at any time by the chief of staff at his or her discretion, or at the request of the medical director, the medical executive committee, or the board, or any twenty members of the active medical staff.

(b) and (c) Unchanged.

(2) Clinical department or committee meetings.

(a) Special meetings of a clinical department or committee may be called at any time by the chief of such clinical department or chair of such committee at his or her discretion or at the request of the medical director, chief of staff, medical executive committee, board or at the request of no less than fifty per cent of the practitioners who are members of such clinical department or committee.

(b) Unchanged.

(3) Unchanged.

(E) Attendance.

(4) Active medical staff members ~~must~~ are strongly encouraged to attend at least fifty per cent of the general medical staff meetings each calendar year, and fifty per cent of all meetings of committees and clinical departments of which they are a member.

~~(2) The failure of any practitioner to meet the annual attendance requirements set forth herein may be grounds for initiating corrective action.~~

(F) Unchanged.

3335-45-14 Allied Licensed health care professionals.

(A) General.

(1) ~~Allied~~ A licensed health professionals are those professionals who are enumerated in the appendix to this rule care professional is a professional who possess possesses a license, certificate or other legal credential required by Ohio law to provide direct patient care in a hospital setting, ~~but who is neither not~~ a licensed practitioner ~~nor an employee of the hospital, and who meets the terms of definition contained in these bylaws, and may apply to be an allied~~ a licensed health care professional authorized to practice his or her profession in the hospital.

(2) ~~Allied~~ Licensed health care professionals have no authority to admit or co-admit patients to the hospital, and are not eligible for medical staff membership, to hold office, to vote on medical staff affairs, or to serve on standing committees of the medical staff unless

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specifically authorized by the medical executive committee. A decision by the medical executive committee to deny initial appointment or reappointment to a licensed health care professional, or to deny the exercise of a clinical privilege, shall entitle the licensed health care professional to an automatic review by the medical director as provided in this rule.

- (3) The ~~allied~~ health care professionals staff is created for the purpose of providing a mechanism for the medical staff and the hospital to document and verify the credentials of person who, under their license, certificate or other legal credential, are permitted by Ohio law to provide patient care in the hospital as an adjunct to treatment by practitioners who are members of the medical staff.
- (4) All ~~allied~~ licensed health care professionals will be individually assigned to medical staff departments, or, if appropriate, to members of the medical staff.
- (5) All services rendered by ~~allied~~ licensed health care professionals must be under the supervision and direction of, and subject to any policies, procedures, privileges and restrictions adopted by, the applicable medical staff department or medical staff member.
- (6) All ~~allied~~ licensed health care professionals must comply with all limitations and restrictions imposed by their respective licenses, certifications, or legal credentials required by Ohio law, ~~and may only perform services in accordance with provisions relating to their respective professions contained in the appendix to this rule attached hereto.~~

(B) Descriptions and limitations of ~~allied~~ licensed health care professionals.

- (1) ~~Allied~~ Licensed health care professionals shall be permitted to practice their professions in the hospital only in accordance with the descriptions for the respective professions contained in the appendix to this rule.
- (2) The medical executive committee, with the approval of the board may, at anytime, make modifications, additions or deletions to the descriptions contained in the appendix without amendment to this rule.
- (3) ~~Allied~~ Licensed health care professionals' clinical privileges shall be delineated with sufficient specificity to ensure that the professional is practicing within his/her licensure parameters.

(C) Qualifications for appointment.

- (1) Appointment as an ~~allied~~ a licensed health care professional is a privilege that will only be granted to professionally competent individuals who meet the qualifications, standards and requirements of their respective licensure, certification, or other legal authorization and who satisfy the definition of licensed health care professional as contained in these bylaws.
- (2) Only individuals who can document the following shall be qualified for appointment as an ~~allied~~ a licensed health care professional:
 - (a) through (f) Unchanged.

This documentation must be presented with sufficient adequacy to assure the medical staff and the hospital that any patient cared for by the person seeking appointment as an ~~allied~~ a licensed health care professional will be given quality care, and that the efficient operation of the hospital will not be disrupted by such person's care of patients in the hospital.

(D) Conditions of acceptance.

An individual accepting appointment as ~~an allied~~ a licensed health care professional agrees to the following terms and conditions:

- (1) The ~~allied licensed~~ health care professional has read the medical staff bylaws of the hospital and agrees to abide by all applicable terms of such medical staff bylaws and any applicable rules and regulations, including any subsequent amendments thereto, and any applicable hospital policies the hospital may from time to time put into effect;
- (2) The ~~allied licensed~~ health care professional ~~grant grants~~ full immunity to the hospital from liability under the provisions of rule 3335-45-04 of the Administrative Code;
- (3) The ~~allied licensed~~ health care professional shall not deceive a patient as to the identity of any practitioner providing treatment or service in the hospital;
- (4) The ~~allied licensed~~ health care professional shall not make any statement or take any action that might cause a patient to believe that the ~~allied licensed~~ health care professional is a practitioner;
- (5) The ~~allied licensed~~ health care health professional shall not perform any patient care in the hospital that is not permitted under the ~~allied licensed~~ health care health professional's license, certification, or other legal credential required under Ohio law; and
- (6) The ~~allied licensed~~ health care professional shall continue to maintain in force malpractice insurance in an amount that will not be less than that specified by the board.

(E) Application for appointment.

Persons seeking appointment as ~~an allied~~ a licensed health care professional shall make application in the same manner as provided in paragraph (A) of rule 3335-45-04 of the Administrative Code.

(F) Action on appointment.

- (1) Upon receipt of an application for appointment as ~~an allied~~ a licensed health care professional, the medical director shall review the application for completeness. An incomplete application will be returned to the applicant for completion and resubmission.
- (2) Upon receipt of an application that has been verified for completeness, the chief of the clinical department supervising the ~~allied licensed~~ health care professional will review the application and make recommendation for the scope of privileges to be granted. The application will be forwarded to ~~allied licensed~~ health care professional credentials subcommittee appointed by the medical executive committee.
- (3) Upon receipt of a completed application, the ~~allied licensed~~ health care professional credentials subcommittee shall proceed to:
 - (a) through (c) unchanged.
- (4) Following receipt of the completed application, the ~~allied licensed~~ health care professional credentials subcommittee will forward a written recommendation for privileges to the credentials committee.
- (5) At its regularly scheduled meeting, the credentials committee will review and act on the recommendations for ~~allied licensed~~ health care professional privileges submitted by the ~~allied licensed~~ health care professional credentials committee. The recommendation of the credentials committee is forwarded to the medical executive committee.

- (6) At the next regularly scheduled meeting, the medical executive committee will review and act on the recommendation for ~~allied~~ licensed health care professional privileges and forward a written recommendation to the board for further action.
- (7) At the next regularly scheduled meeting the board, after the written recommendation has been forwarded to the board, will make a final decision on the application for appointment as ~~an allied~~ a licensed health care professional. The medical director shall notify the applicant of the decision of the board of trustees. There shall be no right of appeal of an adverse decision.

(G) Temporary appointment.

- (1) The medical director, with the concurrence of the chief of staff, or his or her delegate and the chief of the clinical department concerned, may temporarily appoint a person as ~~an allied~~ a licensed health care professional under the following circumstances:
 - (a) When the medical director believes circumstances warrant granting temporary appointment during the processing of a person's application for appointment as ~~an allied~~ a licensed health care professional; or
 - (b) To a person who has not applied for appointment as ~~an allied~~ a licensed health care professional, but has been requested to assist a member of the medical staff in the care of a specific patient.
- (2) Special requirements of supervision and reporting will be imposed by the medical director, the chief of staff, or any chief of any clinical department concerned with a person granted temporary appointment as ~~an allied~~ a licensed health care professional.

(H) ~~Term of appointment~~ Reappraisal and reappointment.

- (1) ~~The appointment of a person as an allied health professional is terminable at any time, with or without cause, by the medical director, the chief of staff, the executive committee, or the board. The hospital specifically does not create any property interest or expectation of continuing appointment in any person appointed as an allied health professional. Persons seeking reappointment as a licensed health care professional shall make applications and be subject to the same procedures as provided in rule 3335-45-14 of the Administrative Code.~~
- (2) ~~The provisions of rule 3335-45-08 of the Administrative Code specifically do not apply to allied health professionals, and there is no right to appeal of the denial of an appointment or the termination of an appointment as an allied health professional.~~ Due process.
 - (a) Licensed health care professionals are subject to corrective action for violation of these bylaws, their certificate of authority, standard care agreement, utilization plan, or the provisions of their licensure, including professional ethics. Corrective action may be requested by any member of the medical staff, a chief of the clinical department, or by the medical director. All requests shall be in writing and be submitted to the medical director. The medical director shall appoint a three-person committee to review and make recommendations concerning appropriate corrective action. The committee shall consist of at least one licensed health care professional and one medical staff member. The committee shall make a written recommendation to the medical director, who may accept, reject, or modify the recommendation. The decision of the medical director shall be final.
 - (b) A decision by the medical executive committee to deny initial appointment or reappointment to a licensed health care professional, or to deny the exercise of a clinical privilege, shall entitle the licensed health care professional to an automatic review by the medical director as provided in this rule.

(H) ~~Reappraisal.~~

- ~~(1) On a biennial basis, the medical director shall notify allied health professionals providing patient care in the hospital that the information submitted in the initial application must be updated to include all current information on each allied health professional.~~
- ~~(2) Within sixty days of such notice, each allied health professional shall provide the requested information to the medical director. Failure to provide the requested information may result in termination of appointment.~~
- ~~(3) The medical director shall review the updated information of each allied health professional, and the medical director may take any action he or she deems appropriate, including referring the information to the chief of staff, the chief of the clinical department, or to the individual physician, if any, to whom the allied health professional is assigned. If the action results in a change in status of the allied health professional, the action must be approved by the board.~~
- ~~(4) The allied health professional shall receive written notification of his or her reappointment or non-reappointment, and a copy of such notification shall be maintained in the hospital's records.~~

3335-45-16 Immunity from liability.

(A) ~~Practitioners'~~ Practitioner's release from liability.

- (1) Any practitioner who makes application for appointment or reappointment of the hospital's medical staff, and each practitioner who is a member of the hospital's medical staff hereby agrees as follows:
 - (a) To the fullest extent permitted by law, each practitioner releases and gives full immunity from civil liability to all members of the hospital's medical staff, all representatives, agents and employees of the hospital, ~~the board,~~ the Ohio state university hospitals board and the board of trustees of the Ohio state university, all members of any professional review body, and all third parties for all acts, communications, reports, recommendations or disclosures, made in good faith and without malice, performed or made in connection with the hospital or any other health care institution's activities related to:
 - (i) through (xi) Unchanged.
 - (b) and (c) Unchanged.
- (2) through (5) Unchanged.

(B) ~~Allied~~ Licensed health care professionals' release from liability.

Any person seeking appointment as ~~an allied~~ licensed health care professional, and each ~~allied~~ licensed health care professional, hereby agrees to release and give full immunity from civil liability and to execute any requested releases, in the same manner and to the same extent as is provided in paragraph (a) of this rule.

3335-45-19 Forms.

(A) Unchanged.

- (B) The medical executive committee may from time to time make modifications, additions or deletions to the forms used in conjunction with these rules.

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86-01 Admissions and discharges.

(A) through (F) Unchanged.

(G) Patient discharge.

Patients shall be discharged only upon written or verbal order of the attending practitioner, or another member of the medical staff that is authorized by the attending practitioner, provided the attending practitioner has had the opportunity to evaluate the patient and has made the determination for the appropriate patient discharge, unless the patient requests discharge against medical advice. A member of the limited medical staff can discharge a patient only with the express authorization and knowledge of the attending practitioner, and shall document in the discharge note that the discharge was discussed with the attending practitioner. A patient who requests discharge against medical advice shall be requested to sign a form provided by the hospital indicating that the patient's discharge is at the patient's request and against medical advice. At the time of discharge the attending practitioner shall see that the record is as complete as possible. The attending practitioner is responsible for verifying the principal diagnosis, secondary diagnoses, principal procedure, and other significant invasive procedures in the medical record by the time of discharge. If a principal diagnosis cannot be determined in the absence of outstanding test results, the attending practitioner must record a "provisional" principal diagnosis by the time of discharge.

~~(H) Time of discharge.~~

~~Patients shall be discharged by 11:00 a.m., unless special arrangements are made in advance with the hospital's admissions office.~~

~~(I)~~

(H) Pre-admission testing.

All practitioners are encouraged to utilize the medical center's pre-admission testing procedures.

86-02 Outpatient/same day surgery.

(A) through (G) Unchanged.

(H) Procedures permitted to be performed on outpatient/same-day surgery basis.

(1) Unless otherwise approved by the ~~medical director~~ attending practitioner or anesthesiologist, only patients whose physician status falls within the American society of anesthesiology ("ASA") classifications of P1, P2 and P3 may undergo outpatient/same-day surgery if they are to receive general anesthesia, regional anesthesia or monitored anesthesia care. Prior consultation and approval of the medical director or anesthesiologist must be obtained before scheduling patients who fall outside of the above ASA classifications. In all cases the final decision to proceed will rest with the medical director or anesthesiologist.

- P1 - a normal healthy patient
- P2 - a patient with mild systemic disease
- P3 - a patient with severe systemic disease
- P4 - a patient with severe systemic disease that is a constant threat to his life
- P5 - a moribund patient who is not expected to survive without the operation
- P6 - a declared brain-dead patient whose organs are being removed for donor purposes

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(2) Unchanged.

(I) History and physical.

(1) ~~Within~~ The initial history and physical must be performed within thirty days prior to surgery.

(2) ~~Must~~ The history and physical must be updated, if in the intervening period the patient was hospitalized or had surgery within seven days prior to surgery.

(3) through (6) Unchanged.

(7) Patients with a medical history of heart disease require:

(a) Unchanged.

(b) ~~H & H and lytes~~ Hemoglobin, hematocrit and electrolytes (within twenty-one days).

(c) ~~CXR~~ Chest x-ray within six months.

(d) ~~K+~~ Potassium within three days if on digoxin.

(8) Patients with a history of kidney disease:

(a) ~~H & H, lytes~~ Hemoglobin, hematocrit and electrolytes and blood sugar.

(b) Unchanged.

(9) Dialysis patients or end-stage kidney disease:

~~H & H, lytes~~ Hemoglobin, hematocrit and electrolytes and blood sugar within three days of surgery or after dialysis.

(10) Unchanged.

(11) Patients with history of lung disease:

(a) ~~CXR~~ Chest x-ray within six months.

(b) Unchanged.

(12) Smokers greater than twenty packs per year:

~~CXR~~ Chest x-ray

(13) Unchanged.

(14) All labs good for twenty-one days; ~~EKG~~ EKGs for three months; ~~CXR~~ chest x-rays for six months.

(J) Unchanged.

86-03 Medical records.

(A) Time of completion.

The attending practitioner shall complete and sign the patient's medical record within twenty-one days of discharge. A procedure note shall be entered in the record by the responsible attending medical practitioner or designee immediately upon completion of an invasive procedure. Procedure notes must be written for any surgical or medical procedures,

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irrespective of their repetitive nature, which involve material risk to the patient. The note shall include the preoperative diagnosis, procedure, surgeon(s), resident(s), anesthesiologist(s), surgical service, type of anesthesia (general or local), complications, invasive lines either added or deleted, estimated blood loss, any pertinent information not included on OR/anesthesia record, and preliminary surgical findings. An operative/procedure report must be dictated immediately following the procedure. ~~Failure to comply with the above time limits will result in the automatic suspension of privileges under~~ Any operative/procedure report not dictated by 10:00 a.m. the day following the procedure shall be deemed delinquent and the attending practitioner responsible will lose operating/procedure room and admitting privileges the following day pursuant to paragraph (E) (F) of rule 3335-45-07 of the Administrative Code.

(B) Contents.

It is the responsibility of the attending practitioner to assure that a complete medical record is prepared for each patient. The medical record shall include identification data; complaint; personal history; family history; history of present illness; physical examination; clinical observations including progress notes; nurses notes and consultation reports; diagnostic and therapeutic reports and orders; medical or surgical treatment; pathological finding; provisional diagnosis; evidence of informed consent; final autopsy report when available. No medical record is to be filed until it is complete except on order of the medical executive committee.

(C) Authentication.

All entries in the medical record must be signed by the person making the entry ~~or stamped with an authorized signature facsimile. The sections of the medical record that are the responsibility of the attending practitioner shall be signed or stamped by the practitioner.~~ When house officers or other specified professional personnel are involved in patient care, sufficient evidence must be documented in the medical record to substantiate the active participation in, and supervision of, the patient's care by the responsible attending practitioner.

(D) Electronic signature.

The electronic signature of medical record documents requires a signing password. At the time the password is issued, the practitioner is required to sign a statement that he/she will be the only person using the password. This statement will be maintained in the department responsible for electronic signature system.

~~(D)~~

(E) Unchanged.

~~(E)~~

(F) History and physical.

(1) Unchanged.

(2) A staff admission progress note must be compiled by the responsible attending medical practitioner or designee no later than ~~seventy-two~~ twenty-four hours after admission of the patient. The staff admission progress note must be signed by the responsible attending medical practitioner. Every admitting practitioner is obligated to write a staff note and sign it within twenty-four hours of patient admission.

(3) Unchanged.

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~~(F)~~

(G) Pre-admission history and physical.

A history and physical is performed on all patients, both inpatient and outpatient, regardless of whether the medical treatment or procedure is high or low risk. The history and physical shall be signed by, or counter-signed by, the attending practitioner within the time frame required by these rules. A pre-admission history and physical examination will be accepted only if initially performed within thirty days prior to admission, or if a history and physical on record with the hospital is updated within thirty days prior to admission or twenty-four hours after admission.

~~(G)~~

(H) Unchanged.

~~(H)~~

(I) Unchanged.

~~(I)~~

(J) Unchanged.

~~(J)~~

(K) Suspension for failure to complete medical records.

A request for corrective action will automatically be filed against a practitioner who has been suspended pursuant to paragraph ~~(A)(1)~~ (B)(1) of rule 3335-45-07 of the Administrative Code due to incomplete medical records for an accumulative total of ninety days or more within a calendar year.

~~(K)~~

(L) Unchanged.

~~(L)~~

(M) Unchanged.

86-04 Patient care orders.

(A) Orders in writing.

All orders for treatment shall be in writing, dated and signed ~~or stamped with an authorized signature facsimile~~ personally or by electronic signature by the attending practitioner provided such a copy has been filed ~~in~~ with the medical record- information management department of the hospital.

(B) Verbal orders: person authorized to receive.

All verbal orders from practitioners for patient treatment shall be in writing. An order shall be considered to be in writing if dictated to an authorized person and signed by the responsible to the practitioner. Orders dictated over the telephone shall be signed by the responsible practitioner. Orders dictated over the telephone shall also be signed by the person to whom the order was dictated with the name of the practitioner per his/her own name. Verbal orders which have been transmitted to an authorized person shall be authenticated, and dated and signed by the responsible practitioner within twenty-four hours. All verbal or telephone orders of a licensed practitioner must be signed within thirty days after the patient's discharge by the completion of the medical record, not to exceed twenty-one days.

Persons authorized to receive verbal orders are:

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(1) through (11) Unchanged.

The above persons are authorized to accept verbal orders within their departments.

(C) Orders by limited medical staff.

Limited medical staff may write orders on patients within the scope of their qualifications and responsibility. Limited medical staff members are eligible to write any patient care order and to make any entry in the medical record, unless it is expressly reserved by these rules to another category of medical staff membership, or is restricted by law or rule of the state medical board.

(D) through (F) Unchanged.

86-06 Consultations.

(A) Unchanged.

(B) Responsibility to monitor consultations.

It is the duty of the medical staff through its clinical departmental chiefs and the medical executive committee to assure that members of the staff comply in the matter of requesting consultations as needed.

(C) Unchanged.

86-07 Patient care.

(A) Unchanged.

(B) Tissue and specimen removal.

(1) through (3) Unchanged.

(4) The pathologist will refer the pathologist's report to the appropriate ~~audit~~ committee in cases wherein it appears, in the pathologist's judgment, that normal organs were unnecessarily removed.

(C) Unchanged.

(D) Patient visits by practitioners.

The admitting practitioner or the practitioner's physician designee must visit the patient within twenty-four ~~(24)~~ hours of the patient's admission to the hospital. Thereafter, the admitting practitioner or the practitioner's physician designee must visit the patient at least daily, and more frequently if warranted by the patient's condition. Policies of the sicu and micu relating to patient visits by practitioners shall supersede the requirements of this rule.

(E) Autopsies.

It shall be the duty of all practitioners to secure autopsies whenever appropriate. All autopsies shall be performed by ~~the hospital pathologist or by a physician~~ an attending pathologist with hospital privileges or other attending practitioner who is qualified to perform autopsies. All deaths shall be reported to the attending or covering physician by the nursing supervisor of the unit where the patient expired, as soon as is reasonably possible. The nursing supervisor shall discuss the permission for the autopsy with the attending or covering practitioner at the time of notification of death, and shall make an entry, timed and dated, in the progress notes concerning that discussion and the approval or disapproval for autopsy. Criteria for autopsy requests include the following:

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(1) through (9) Unchanged.

(10) Deaths in which there is a need to enhance the education and knowledge of the medical staff and house staff. The attending practitioner will be notified of the autopsies performed by the pathology department.

(F) Committees and policy groups.

In addition to the medical staff committees, the medical staff shall participate in the following hospital monitoring functions:

- (1) Infection control.
- (2) Clinical quality management.
- (3) Safety and disaster planning, and
- (4) Other leadership council advisory policy groups.

(G) Medical information management committee.

(1) The medical information management committee shall have representation from medical staff, nursing, medical information management and hospital administration. The committee shall meet at least quarterly and carry out the following duties:

- (a) Review the quality of medical records for clinical pertinence and timely completion.
- (b) Assure that each medical record or representative sample of records reflect the diagnosis, results of diagnostic tests, therapy rendered, condition, in-hospital progress of the patient, and condition of the patient at discharge.
- (c) Review summary information regarding the timely completion of all medical records.
- (d) Review all medical record forms, reports, and system design, and make appropriate recommendations for their use, improvement or alteration.
- (e) Submit recommendations to assure the maintenance of complete, accurate medical information for compliance with applicable policies and regulations of the clinical quality management committee, computerized clinical information committee, governmental agencies, accrediting bodies, and purchasers of care.
- (f) Review existing policies, rules and regulations for the completion of medical records and make appropriate recommendations for their improvement.
- (g) Review and recommend policies and procedures for all activities pertaining to patient information including data access and security in support of patient care, research and teaching.
- (h) Maintain written records of conclusions, recommendations, actions taken and results of the actions taken, and report regularly to the clinical quality management committee.

(2) Each member of the medical staff shall conform to the policies established by the medical information management committee, including the following:

- (a) Chart contents. The attending medical staff member shall be responsible for the preparation of a complete medical record of each patient. This record shall include the following:
 - (i) identification and related data

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- (ii) statement of present complaint
- (iii) history of present illness
- (iv) previous personal history
- (v) family history
- (vi) physical examination
- (vii) special reports, such as those from the clinical laboratory including examination of tissues and autopsy findings and, when applicable, the x-ray department, as well as from consultants, as verified by the attending medical staff member's signature
- (viii) provisional diagnosis
- (ix) medical and surgical treatments
- (x) progress notes
- (xi) memorandum copy of the death certificate, when applicable
- (xii) condition of patient at discharge, including instructions given at that time
- (xiii) summary and final diagnosis(es) as verified by the attending medical staff member's signature
- (xiv) documentation of informed consent

(3) History and physical examination.

- (a) A complete history and physical examination shall be documented on all inpatient records. The history and physical examination shall include:
 - (i) date of admission
 - (ii) chief complaint
 - (iii) history of present illness
 - (iv) past medical history
 - (v) relevant social and family history
 - (vi) medications
 - (vii) review of systems
 - (viii) physical examination
 - (ix) test results
 - (x) impression
 - (xi) plan of care

(b) A history and physical examination appropriate to the procedure, and the patient, shall be documented in the medical record of all ambulatory surgery patients, and patients undergoing outpatient procedures.

(c) A history and physical examination appropriate to the patient and patient's chief complaint shall be documented in the medical record of all ambulatory patients.

(4) Deadlines and sanctions.

(a) A history and physical examination may be completed prior to admission, surgery or the patient's initial visit, and accepted as part of the medical record if completed within thirty days preceding the admission, surgery or visit. If the history and physical examination is completed greater than seven days, but within thirty days of admission, a notation shall be made in the history and physical examination to indicate review and any updates.

(b) The complete history and physical examination shall be dictated or written no later than twenty-four hours after admission of the patient. If the history and physical examination is dictated, a summary of pertinent findings must be recorded in the patient's chart within twenty-four hours after admission.

The history and physical examination must be performed by a member of the medical staff or his/her designee, and be signed and dated. In the event the history and physical examination is performed by a physician extender, it shall be countersigned by the responsible medical staff member.

(c) When the history and physical examination, including the results of indicated laboratory and x-ray studies, are not recorded in the chart before the time stated for a procedure, the procedure cannot proceed until the results are entered into the chart. In cases where such a delay would likely cause harm to the patient, this condition shall be entered into the chart by the attending medical staff member or designee and the procedure may begin. When there is a disagreement concerning the urgency of the procedure, it will be adjudicated by the medical director or the medical director's designee.

(d) A procedure note shall be entered in the record by the responsible attending medical staff member or designee immediately upon completion of an invasive procedure. An operative/procedure report must be dictated immediately following the procedure. Procedure notes must be written for any surgical or medical procedure, irrespective of its repetitive nature, which involves material risk to the patient. For any formal operative procedure, a note shall include the preoperative diagnosis, procedure, surgeon(s), anesthesiologist(s), type of anesthesia (general or local), complications, invasive lines either added or deleted, estimated blood loss, any pertinent information not included on operative/anesthesia record, and preliminary surgical findings. Where a formal operative/procedure report must be dictated immediately following the procedure, the transcribed operative/procedure report must be signed by the attending medical staff member. Any operative/procedure report not dictated by 10:00 a.m. the day following the procedure shall be deemed delinquent and the medical staff member responsible will lose operating/procedure and medical staff privileges the following day. Affected medical staff members will receive telephone calls from the medical information management administrator indicating the delinquent operative/procedure report(s).

(e) For all procedures which require submission of a specimen, the pathologist shall make such examination as necessary to arrive at a satisfactory diagnosis(es). The pathologist's report shall then be included in the patient's record.

(f) Progress notes must provide a pertinent chronological report of the patient's course in the hospital, reflect any change in condition and results of treatment. In the event that the patient's condition has not changed and no diagnostic studies have been

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done, a progress note must be completed by the attending medical staff member at least every three days. Each progress note in the medical record must be signed or countersigned by a member of the attending, courtesy or limited staff.

(5) Discharges.

- (a) Patients shall be discharged only on written order of the responsible medical staff member. At the time of ordering the patient's discharge or at the time of the medical staff member's next visit to the hospital, the attending medical staff member shall see that the record is complete. The attending medical staff member is responsible for verifying the principal diagnosis, secondary diagnosis(es), principal procedure, and other significant procedures in the medical record by the time of discharge. If a principal diagnosis cannot be determined in the absence of outstanding test results, the attending medical staff member must record a "provisional" principal diagnosis by the time of discharge.
- (b) The discharge summary for each patient must be dictated by the responsible medical staff member, or the medical staff member's designee, within three days of discharge for any patient stay of more than forty-eight hours. A handwritten or dictated discharge summary must be completed within seven days of discharge for any patient stay of forty-eight hours or less. A dictated summary is required on all patients who expire, regardless of length of stay. The discharge summary must be signed by the responsible attending practitioner.
- (c) All medical records must be completed by the attending medical staff member or, when applicable, by the attending medical staff member's designee within twenty-one days of discharge of the patient. The attending medical staff member will be notified of the intent to suspend for all incomplete records that are available. The attending staff member will be suspended from medical staff and operative privileges until all records are completed. A list of delinquent, incomplete records by attending medical staff members will be prepared and distributed by the medical information management administrator once each week. If an attempt is made by the attending medical staff member, or the attending medical staff member's designee, to complete the record and the record is not available, the record is not counted against the attending medical staff member.
- (d) Records which are incomplete, greater than twenty-one days from discharge, are defined as delinquent.

(6) Confidentiality.

Access to medical records is limited to use in the treatment of patients, research and teaching. All medical staff members are required to maintain the confidentiality of medical records. Improper use or disclosure of patient information is subject to disciplinary action.

(7) Ownership of medical records.

Medical records of hospital-sponsored care are the property of the hospital and shall not be removed from the hospital's jurisdiction and safekeeping except in accordance with a court order, subpoena or statute.

Amendments to the Medical Staff Rules and Regulations of the
Ohio State University Hospitals East (contd)

(8) Informed consent documentation.

- (a) Where informed consent is required for a special procedure (such as surgical operation), documentation that such consent has been obtained must be made in the hospital record prior to the initiation of the procedure. Such documentation shall be in compliance with the hospital's policy and procedure manual.
- (b) In the case of limb amputation, a limb disposition form, in duplicate, must be signed prior to the operation.

(9) Sterilization consent.

Prior to the performance of an operative procedure for the expressed purpose of sterilization of a (male or female) patient, the attending medical staff member will be responsible for the completion of the legal forms provided by the hospital and signed by the patient. Patients who are enrolled in the Medicaid program must have their forms signed at least thirty days prior to the procedure. Informed consent must also be obtained from one of the parents or the guardian of an unmarried minor.

(10) Criteria changes.

The medical information management committee shall define the criteria for record completion with approval of the medical staff.

(11) Electronic signature.

The electronic signature of the medical record document requires a signing password. At the time the password is issued, the practitioner is required to sign a statement that he/she will be the only person using the password. This statement will be maintained in the department responsible for the electronic signature system.

(H) Operating room committee.

- (1) The operating room committee shall have representation from clinical departments using the operating room, including the medical director of the operating room, representatives from all surgical specialties, the chief of the department of surgery, the chief of the department of anesthesiology, the director of nursing (or designee), chief of laboratory services, director of the operating room, and a representative from hospital administration (or designee). The committee is appointed by the medical director in consultation with the executive director of the Ohio state university hospitals east. The committee shall meet at least quarterly and carry out the following duties:
 - (a) Insure that surgical privileges have been delineated for each member of the medical staff who uses the operating rooms, as well as assist with the development of the delineation of privileges for each member of the medical staff that uses the operating room;
 - (b) Develop written policies and procedures concerning the scope and provision of care in the surgical suite in cooperation with the departments and services concerned;
 - (c) Consider problems in operating room functions brought to its attention by any of its members;
 - (d) Monitor medical staff compliance with operating room policies established for patient safety, infection control, quality assurance, and smooth functioning of the operating rooms;
 - (e) Develop and make recommendations to the medical executive committee regarding conduct of medical staff in the operating rooms; and

Amendments to the Medical Staff Rules and Regulations of the
Ohio State University Hospitals East (contd)

- (f) Maintain written records of actions taken and results of those actions, and make these available to each committee member, the vice president of health services, the medical director, the executive director, and the associate executive director.
- (2) The operating room committee shall be a hospital committee and be appointed in accordance with policies and procedures of the hospital.
- (3) Each member of the medical staff shall conform to the policies established by the operating room committee, including the following:

A member of the attending surgical staff shall be present in person during surgical procedures and a member of the attending anesthesiology staff shall be present in person during anesthetization, and shall be familiar with the progress of the procedure, being available at all times during the procedure.

(I) Pharmacy, therapeutics and drug utilization committee.

The pharmacy, therapeutics and drug utilization committee shall be appointed in conformity with the medical staff bylaws of the Ohio state university hospitals and have representation from the medical staff, nursing, pharmacy department and college, and hospital administration. The majority of members shall be members of the medical staff. The committee shall meet at least quarterly and carry out the following duties:

- (1) Review the appropriateness, safety and effectiveness of the prophylactic, empiric and the therapeutic use of drugs, including antibiotics, through the analysis of individual or aggregate patterns of drug practice.
- (2) Provide the medical and hospital staff with information and advice concerning the proper use of drugs and related products. Monitor and evaluate those drugs which are most prescribed known to present problems or risks to patients and which constitute a critical part of a patient's specific diagnosis, condition or procedure.
- (3) Consider the welfare of patients, as well as education, research and economic factors when analyzing the utilization of drugs and related products.
- (4) Advise on the use and control of experimental drugs.
- (5) Develop or approve policies and procedures relating to the selection, distribution, use, handling and administration of drugs and diagnostic testing materials.
- (6) Review all significant untoward drug reactions.
- (7) Maintain the formulary of accepted drugs with review of proposed additions and deletions, and review of use of non-formulary drugs within the institution.
- (8) Maintain written reports of conclusions, recommendations, actions taken, and the results of actions taken, and report these at least quarterly to the medical executive committee.
- (9) Create subcommittees as follows: pharmacy, therapeutic and drug utilization executive subcommittee, therapeutic drug utilization monitoring subcommittee, policy and surveillance subcommittee, formulary subcommittee, antibiotic usage subcommittee, and therapeutic drug monitoring subcommittee.

The therapeutic drug utilization monitoring subcommittee shall:

- (a) Establish methods by which serum blood levels may be used to improve the therapeutic activity of drugs;
- (b) Establish programs to educate health care providers to the appropriate methods of monitoring the therapeutic effect in drugs via serum drug assays;

Amendments to the Medical Staff Rules and Regulations of the
Ohio State University Hospitals East (contd)

- (c) Provide guidance to the therapeutic drug monitoring service at the Ohio state university hospitals east; and
- (d) Recommend the development of policies and procedures to the pharmacy, therapeutic and drug utilization executive subcommittee.

ACCEPTANCE OF THE GIFT OF REAL PROPERTY

0.96 ACRES OF UNIMPROVED LAND
RED ROCK BOULEVARD, GROVE CITY, OHIO

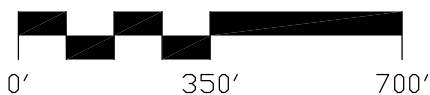
Location and Description

The property consists of approximately 0.96 acres of unimproved land, with a donor-estimated value of approximately \$50,000. The property is owned by M/I Schottenstein, Inc. It is part of a 55-acre tract that the University sold to M/I Schottenstein in 1991. With the completion of their development, M/I Schottenstein wishes to donate the remaining parcel back to the University. The property is contiguous to about 38 acres of University land (titled in the name of the Board of Trustees) that is used for AM antennas for the WOSU Stations. A phase-one environmental audit, performed by the University's Office of Environmental Health and Safety, disclosed no environmental concerns.

Use of the Property

Title to the property will be taken in the name of the Board of Trustees of The Ohio State University. The land will be used as a part of the WOSU Stations AM antenna site and provide a needed buffer between the antenna installation and nearby homes. The addition of this parcel will enhance the value of the present University property.

Proposed Gift of .96 Acres of Real Property Red Rock Boulevard Grove City, OH



Scale: 1"=350'



Map Provided by University Engineer's Office

Office of Business and Finance
Board of Trustees Meeting
October 5, 2001

--- OSU Property

 Gift Parcel

NEW FRESHMAN PROFILE COMPARISONS
ENROLLMENTS 1995-2000 AND PROJECTED 2001
The Ohio State University - Columbus

	Autumn 1995 Enrolled	Autumn 1996 Enrolled	Autumn 1997 Enrolled	Autumn 1998 Enrolled	Autumn 1999 Enrolled	Autumn 2000 Enrolled	Autumn 2001 Projected
Number	5794	5976	5861	6092	5986	5774	5900-5950
Average ACT	22.8	23.5	23.9	24.2	24.7	24.9	25.2-25.25
Cum % in top 10%	21	24	26	26	29	32	32-33
Cum % in top 25%	46	50	57	56	62	68	66-67
Honors Students *	856	1098	1179	1171	1304	1283	1270-1290*
University Scholars	406	516	642	606	696	708	755-765
H.S. Valedictorians	150	171	181	186	231	239	248-253
National Merit Scholars	96	96	103	74	104	104	103-104
National Achievement Scholars	1	4	9	6	11	3	6-7
National Hispanic Scholars	N/app	N/app	N/app	N/app	N/app	3	6-7
African Americans	491 (8.5%)	514 (8.6%)	575 (9.8%)	554 (9.1%)	564 (9.4%)	553 (9.6%)	580-590 (9.7-10.0%)
Hispanics	108 (1.9%)	129 (2.2%)	114 (1.9%)	136 (2.2%)	141 (2.4%)	157 (2.7%)	160-165 (2.7-2.8%)
Native Americans	22 (0.4%)	25 (0.4%)	23 (0.4%)	17 (0.3%)	28 (0.5%)	36 (0.6%)	37-40 (0.6-0.7%)
Asian Americans	302 (5.2%)	284 (4.8%)	321 (5.5%)	338 (5.5%)	331 (5.5%)	335 (5.8%)	340-345 (5.7-5.8%)
Non-Residents	616 (10.6%)	753 (12.6%)	723 (12.3%)	874 (14.3%)	945 (15.8%)	900 (15.6%)	950-970 (16.0-16.4%)
International Students	125 (2.2%)	98 (1.6%)	130 (2.2%)	96 (1.6%)	138 (2.3%)	128 (2.2%)	150-160 (2.5-2.7%)
Placement in Remedial Math	1317 (23%)	1068 (18%)	719 (12%)	690 (11%)	538 (9%)	**	410-420 (7%)
Placement in Remedial English	698 (12%)	451 (8%)	461 (8%)	317 (5%)	331 (5%)	316 (5%)	235-245 (4%)

* Due to the 8 new Scholars programs, some honors students are now enrolled in scholars programs instead

**different method used to assess math placement; no comparable information available.

Graduation Rate Data		1997		1998		1999		2000		2001	
		1990 Cohort		1991 Cohort		1992 Cohort		1993 Cohort		1994 Cohort	
		#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
All Students		6127	0.55	5502	0.57	5389	0.56	5283	0.56	5920	0.55
Men		3134	0.53	2797	0.54	2764	0.54	2573	0.53	2973	0.53
Women		2993	0.58	2705	0.60	2625	0.59	2710	0.59	2947	0.58
All Aided Student-Athletes		83	0.49	86	0.53	92	0.52	84	0.50	100	0.62
Men		57	0.40	59	0.47	58	0.45	44	0.34	64	0.53
Minority Men		17	0.18	20	0.30	18	0.22	16	0.13	20	0.45
Football		17	0.29	20	0.35	21	0.33	21	0.14	18	0.50
Women		26	0.69	27	0.67	34	0.65	40	0.68	36	0.78
Minority Women		9	0.44	3	1.00	6	0.67	2	0.50	9	0.78
Exhausted Eligibility (played 4 years)			0.89		0.89		0.85		0.77		0.86

GRADUATION RATES FOR ATHLETES AND OTHER STUDENTS WHO ENTERED
COLLEGE IN 1994-95

The Big Ten

University	All Students	Athletes	Football
Northwestern U.	92%	90%	83%
U. of Michigan	82%	71%	55%
Penn State U.	80%	75%	47%
U. of Wisconsin	76%	74%	60%
U. of Illinois	76%	72%	71%
Michigan State U.	66%	62%	33%
Indiana U.	65%	63%	86%
Purdue U.	64%	67%	53%
U. of Iowa	63%	74%	78%
Ohio State U.	55%	62%	50%
U. of Minnesota	50%	56%	47%

Other Institutions:

UCLA	80%	58%	47%
U. of Texas	69%	63%	47%
U. of Washington	68%	64%	53%
U. of Arizona	54%	53%	58%
Florida State U.	61%	55%	46%
U. of Nebraska	51%	49%	50%